## **Department of Health**

## **Developmental Disabilities Division**

## **Adult Foster Home Corrective Action Report**

 $\Box$  No deficiencies

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Annual criminal history clearance results pending for all required individuals.	6/16/21
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Received proof of payment for APS/CAN registry checks. Pending results for all required individuals.	8/16/21