Name of Foster Parents(s): Loyola 'Johanna" Islao Date of Inspection: 08/05/21

Department of Health Developmental Disabilities Division Adult Foster Home Corrective Action Report

☐ No deficiencies

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (b)(1) Criminal history record	Caregiver submitted all Criminal History clearance consents & payment, pending results.	10/19/21
for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.		
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Caregiver submitted proof of payment for Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances. Caregiver to submit copies of results upon receipt.	10/5/21