

Name of Foster Parents (s): Florida Ganir Date of Inspection: 5/19/20

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

No deficiencies

| SECTION | PLAN CORRECTION (To be completed by the caregiver) | Completion Date |
|--|--|------------------------|
| (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect. | Effective immediately, caregiver to submit proof of payment for Adult Protective Services (APS) and Child Abuse & Neglect (CAN) registry checks for all caregiver and substitute caregivers. APS/CAN request and results pending. | 6/8/20 |
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