Name of Foster Parents (s): _Laza, Krispy Mae_____ Date of Inspection: __1/4/22_

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)(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 consents and payment submitted. Results are pending.	1/31/22
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Upon receipt of results, caregiver to submit Adult Protective Services (APS) and Child Abuse and Neglect (CAN) clearances to Certification.	1/12/22