Name of Foster Parents (s	): Magno, Juliana	Date of Inspection:	1/31/22
indiffic of Foster Falcing (5	7. I lagilo, Jalialia	Date of Hispertion.	1/ 51/ 22

## 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)	
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Caregiver submitted consents and payment for all required individuals for annual criminal history check. Results are pending.	