

Name of Foster Parents (s): **Rose Ramos** Date of Inspection: **3/15/22**

**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 clearance results are pending for caregivers and substitute caregiver. Caregiver to submit results immediately upon receipt. | |
| (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect. | Adult Protective Services and Child Abuse and Neglect clearances pending for caregivers, substitute, and adult household member. Caregiver to submit copies of the clearances to the Certification Unit for verification by 4/15/22. | |
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