Name of Foster Parents (s): <u>Soriano, Filonila</u> Date of Inspection: <u>1/25/22</u>

Department of Health

Developmental Disabilities Division

Adult Foster Home Corrective Action Report

□ No deficiencies

(To be completed by the caregiver) Annual Criminal History Clearance results pending for Caregivers.	3/8/22
APS/CAN Clearance results pending for one caregiver.	2/8/22
Caregiver submitted local criminal history consent for all required individuals. Pending results.	1/25/22
TB Clearance due for one household member. Caregiver to obtain and submit current TB clearance by 2/25/22.	2/8/22
() 	Caregiver submitted local criminal history consent for all required ndividuals. Pending results.