Name of Foster Parents (s): Mantanguihan, Concha  Date of Inspection: 8/26/19

**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. | **Pending** | |
| (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect. | **Pending** | |
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