Name of Foster Parents (s): Fagaragan, Roger and Leticia  Date of Inspection: 8/15/19

## 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)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect. | Caregiver to submit copies of Adult Protective Services (APS) and Child Abuse and Neglect (CAN) clearance results for three (3) required individuals outstanding prior to 9/30/19. | 8/27/19 |
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