Name of Foster Parents (s): __Combis, Teresa_ Date of Inspection: _10/24/19_

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 completed request and submitted payment for Adult Protective Services (APS) and Child Abuse and Neglect (CAN) clearances through Fieldprint for all required individuals. Caregiver to submit results to Certification Unit upon receipt.	

Name of Foster Parents (s): __Combis, Teresa_ Date of Inspection: _10/24/19_

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date