Name of Foster Parents (s): _Cayabyab, Victoria__ Date of Inspection: __11/4/20_

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.	Received annual criminal history clearance consent and payment for all required individuals. Pending Results.	
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Received APS/CAN clearance proof of payment for all required individuals. Pending Results	