Name of Foster Parents (s): Caroline Agtang Date of Inspection: 1/14/21

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
§11-148-34 **PERSONAL QUALIFICATIONS REQUIRED:** (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	The certified caregiver shall submit to the Certification Unit Adult Protective Services (APS) and Child Abuse & Neglect clearances for herself, her substitute caregivers and all adult household members by 2/14/21.	