Name of Foster Pare	nts (s):	Aguino, Marites	Date of Inspection:	12/9/20
Name of Foster Fare	1163 (3).	Additio, Marico	Date of Hispertion.	12/ // 20

## Department of Health Developmental Disabilities Division Adult Foster Home Corrective Action Report

□ No deficiencies

SECTION	Completion Date	
323.23.1	PLAN CORRECTION  (To be completed by the caregiver)	Sampletion Date
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Adult Protective Services (APS) and Child Abuse and Neglect (CAN) clearance results are pending for all required individuals. Caregiver to submit copies of results upon receipt.	12/11/20
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Caregiver submitted all criminal history clearance consents and payment; pending results.	2/26/21