

Name of Foster Parents (s): Castillo, Maria Carmen Date of Inspection: 10/12/21

**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
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Caregiver completed consents and payment for Adult Protective Services (APS) and Child Abuse and Neglect (CAN) for all required individuals. Results are pending. Caregiver to submit APS/CAN results to Certification upon receipt.	10/20/21