

Name of Foster Parents (s): Primrose Leong-Nakamoto Date of Inspection: 02/08/22

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

No deficiencies.

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
§11-148-34 <b><u>PERSONAL QUALIFICATIONS REQUIRED:</u></b>  (b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	<b>Criminal history consents and payments to be submitted, results pending.</b>	
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	<b>Adult Protective Services (APS) and Child Abuse &amp; Neglect results pending for all required individuals. Caregiver to submit APS/CAN results immediately upon receipt for all required individuals.</b>	