Name of Foster Parents (s): Roxanne Pascua___ Date of Inspection: 6/05/19__

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)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	The State and Federal criminal history record clearances for the foster parent and substitute caregivers are pending.	6/05/19