

Name of Foster Parents (s): Nellie Velasco

Date of Inspection: 1/14/20

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 (CAN) clearances for herself, her substitute caregiver and all adult household members by 2/14/20.	1/21/20

Name of Foster Parents (s): Nellie Velasco

Date of Inspection: 1/14/20

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date