Department of Health

Developmental Disabilities Division

Adult Foster Home Corrective Action Report

□ No deficiencies

| SECTION | PLAN CORRECTION | Completion Date |
|---|---|-----------------|
| | (To be completed by the caregiver) | |
| §11-148-34 <u>PERSONAL</u> QUALIFICATIONS <u>REQUIRED</u> : | The results of the Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for the | |
| (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect. | certified caregiver, her substitute caregivers and adult household members are pending. The certified caregiver shall submit the results of the APS/CAN clearances to the Certification Unit by 5/15/20. | |
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