

Name of Foster Parents (s): Ritchell Tejada

Date of Inspection: 4/15/20

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 obtain and submit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for the identified household members to the Certification Unit by 5/16/20.	