Name of Foster Parents (s): <u>Ernesto & Elisa Raquel</u> Date of Inspection: <u>5/19/20</u>

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

☐ No deficiencies

SECTION	PLAN CORRECTION	<b>Completion Date</b>
	(To be completed by the caregiver)	
§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	Effective immediately, the caregiver to submit proof of payment for Adult Protective Services (APS) and the Child Abuse & Neglect (CAN) registry checks for all caregiver and substitute caregivers.  APS/CAN request and results pending.	6/8/20