

Name of Foster Parents (s): Edwin Guevarra

Date of Inspection: 5/07/20

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 to the Certification Unit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for himself, his substitute caregivers and all adult household members by 6/07/20.	6/29/20

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