Name of Foster Parents (s): <u>Ricardo & Carmelita Pascua</u> Date of Inspection: <u>5/05/20</u>

Department of Health

Developmental Disabilities Division

Adult Foster Home Corrective Action Report

□ No deficiencies

SECTION	PLAN CORRECTION	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.	(To be completed by the caregiver) The certified caregivers shall obtain and submit to the Certification Unit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for themselves, their substitute caregiver and all adult household members by 6/05/20.	5/22/20

Name of Foster Parents (s): <u>Ricardo & Carmelita Pascua</u> Date of Inspection: <u>5/05/20</u>

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