Name of Foster Parents (s): <u>FELIX, Consolacion</u> Date of Inspection: <u>7/23/20</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:	In the future, caregiver to submit FieldPrint receipts indicating that the	Received 7/28/20. Cleared as of
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	CAN/APS clearances were applied for.	7/21/20.
	Caregiver to apply for and submit the CAN/APS clearances.	
	Correction due: August 23, 2020	
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Clearance pending.	Clearance received as of 7/21/20.