Name of Foster Parents (s): <u>Teresita Sanchez</u> Date of Inspection: <u>6/16/16</u>

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

☐ No deficiencies

SECTION	PLAN CORRECTION	Completion Date
	(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.	The Certified Caregiver shall obtain and submit to the Certification Unit an Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearance the identified adult household member by 7/16/20.	7/06/20

Name of Foster Parents (s): <u>Teresita Sanchez</u> Date of Inspection: <u>6/16/16</u>

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