Name of Foster Parents (s): Esperdion & Lolita Ramos  Date of Inspection: 10/22/20

**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:**<br>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect. | The certified caregivers shall obtain and submit to the Certification Unit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for themselves and their substitute caregiver by 11/22/20. | 12/22/20 |
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