

Name of Foster Parents (s): ALO, Levi      Date of Inspection: 2/17/21

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

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
<p>§11-148-34 <b><u>PERSONAL QUALIFICATIONS REQUIRED:</u></b></p> <p>(a) Foster parents and all members of the household shall show evidence of being well-adjusted persons, capable of accepting, understanding, and caring for foster adults and working with the department.</p>	<p>The Department of Health to determine if the household members poses a risk to the foster adult in care.</p>	3/12/21
<p>b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.</p>	<p>The Department of Health to determine if the Criminal History of the caregiver and substitute caregivers poses a risk to the foster adult in care.</p>	2/25/21
<p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>Effective immediately caregiver to submit proof of payment for Adult Protective Services (APS) and Child Abuse and Neglect (CAN) registry checks for the caregiver and substitute caregivers.</p>	2/26/21