

Name of Foster Parents (s): Leonila Degala

Date of Inspection: 3/25/21

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
<p>§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u> (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 results of the State & Federal criminal history record clearances for the certified caregiver and her substitute caregiver are pending.</p>	3/05/21
<p>§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u></p>	<p>The certified caregiver shall obtain and submit to the Certification Unit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for herself, her substitute caregiver and all adult household members by 4/25/21.</p>	6/16/21