Name of Foster Parents (s): <u>Erlinda Juan</u> Date of Inspection: <u>4/27/20</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 Adult Protective Service (APS) and Child Abuse & Neglect (CAN) clearances for herself, her substitute caregivers and all adult household members by 5/27/21.	5/10/21