

Name of Foster Parents (s): **BARENG, Corazon**

Date of Inspection: **2/25/21**

**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>Manual consent for household members are pending.</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>Criminal clearances for caregiver and substitute caregivers are pending.</p>	3/5/21