

Name of Foster Parents (s): Renato & Imelda Del Val Date of Inspection: 3/11/21

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
§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u> (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Caregiver submitted proof of payment for Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for household members. Caregiver to submit the results upon receipt.	01/20/21 & 02/03/21