Name of Foster Parents (s): Reden & Melanie Esquillo Date of Inspection: 3/30/21

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 **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 caregivers shall submit to the Certification Unit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for themselves and their substitute caregivers by 4/30/21.	4/30/21