

Name of Foster Parents (s): Leano, Fe Mary

Date of Inspection: 1/15/21

**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>Caregiver to submit e-crim consent form for adult household members. Processing and results pending. Submitted to clerical 3/1/21.</p>	3/8/21
<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 history clearance results pending for caregiver and substitute caregivers.</p>	1/19/21
<p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>Adult Protective Services (APS) and Child Abuse and Neglect (CAN) clearance results pending for all required individuals.</p>	4/5/21