

Name of Foster Parents(s): Teresa Zafaralla

Date of Inspection: 6-4-20

**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>The criminal history record clearance of the identified household members are pending.</p> <p>Consent to Release Information request &amp; results are pending.</p>	7/8/20
<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>The Department of Health to determine if the criminal history of the identified caregiver and substitutes pose a risk to the foster adults in care.</p> <p>Criminal History request &amp; results are pending.</p>	7/10/20
<p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>Effective immediately, caregiver to submit proof of payment for Adult Protective Services (APS) and Child Abuse &amp; Neglect (CAN) registry checks for the caregiver and substitute caregivers.</p> <p>APS/CAN request &amp; results are pending.</p>	6/16/20