

Name of Foster Parents(s): Violetta Tabaquin

Date of Inspection: 06/23/21

**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>The Department of Health to determine if the household member poses a risk to the foster adults in care.</p>	7/6/21
<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>The Department of Health to determine if the Criminal History of the identified caregiver and substitutes poses a risk to the foster adults in care.</p>	7/14/21
<p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>Caregiver submitted proof of payment for Adult Protective Services (APS) and Child Abuse &amp; Neglect (CPS) clearances. Caregiver to submit copies of results upon receipt.</p>	7/16/21