

Name of Foster Parents(s): Marlene Espiritu

Date of Inspection: 07/08/21

**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>
§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b> (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.	The Department of Health to determine if the household member poses a risk to the foster adult in care.	7/20/21
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	The Department of Health to determine if the criminal history of the caregiver and substitute caregiver poses a risk to the foster adult in care.	8/3/21
(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. Caregiver to submit copies of the results upon receipt.	7/20/21