Name of Foster Parents (s): <u>FELIX, Consolacion</u> Date of Inspection: <u>7/19/21</u>

Department of Health Developmental Disabilities Division Adult Foster Home Corrective Action Report

☐ No deficiencies

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (a) Foster parents and all members of the household shall show evidence of being	Caregiver to complete and submit consent to the certification unit. Correction due: 8/2/21 *NOTE: Caregiver was not given consents until the day of the Record Review	Consent received 7/26/21 and clearance received 8/4/21.
well-adjusted persons, capable of accepting, understanding, and caring for foster adults and working with the department.	Keview	
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Caregiver to complete and submit consents with payment to the certification unit. Correction due: 8/2/21 *NOTE: Caregiver was not given consents until the day of the Record Review	Consent received 7/26/21 and clearance received 8/17/21
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Caregiver to apply for CAN/APS clearances for all caregivers and adult household members via FieldPrint and submit receipts indicating that the clearances were applied for. Once the clearances are received, caregiver to print and submit the clearances to the certification unit. Correction due: 8/2/21 *NOTE: Caregiver was not given	Clearance received 8/17/21
	instructions to obtain clearances until the day of the Record Review	