Name of Foster Parents (s): <u>Sonny & Coleen Ramirez</u> Date of Inspection: <u>7/22/21</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: (b)(4) Background	The certified caregivers shall obtain and submit to the Certification Unit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for themselves, their substitute caregivers	8/23/21
information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	and all adult household members by 8/22/21.	