

Name of Foster Parents(s): Marinel Agustin & Leovel Solis Date of Inspection: 7/29/21

**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><u>PERSONAL QUALIFICATIONS REQUIRED:</u></b> (b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Criminal history clearance consent & payments submitted, pending results for caregivers and substitute caregiver.	8/3/21