

Name of Foster Parents(s): Suarra Baker

Date of Inspection: 9/1/21

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

No deficiencies

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
<p>§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (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>Caregiver submitted annual criminal history consent and payment, pending results.</p>	<p>9/27/21</p>
<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 (APS) and Child Abuse & Neglect (CPS) clearances. Caregiver to submit a copy of the results upon receipt.</p>	<p>12/5/21</p>