Name of Foster Parents (s): <u>Corazon Ganir</u> Date of Inspection: <u>7/08/21</u>

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

☐ No deficiencies

SECTION	PLAN CORRECTION	<b>Completion Date</b>
_	(To be completed by the caregiver)	
§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.	State & Federal criminal history record clearances for the certified caregiver and the identified substitute caregiver are pending.	7/14/21