Name of Foster Parents (s): <u>Ely Raymundo</u> Date of Inspection: <u>9/07/21</u>

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

| SECTION  | PLAN CORRECTION  (To be completed by the caregiver)  | Completion Date |
|--|--|-----------------|
| §11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (b)(1) Criminal history record  | The State & Federal criminal history record clearances are pending for the certified and substitute caregivers.  | 9/21/21         |
| for foster parents and<br>substitute caregiver(s) does<br>not pose a risk to the foster<br>adult(s) in care.   |  |                 |
| §11-148-34 PERSONAL QUALIFICATIONS REQUIRED:  (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect. | The certified caregiver shall forward the results of the Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for her and her substitute caregivers to the Certification Unit by 10/07/21. | 9/07/21         |
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