Name of Foster Parents (s): <u>Albina Real</u> Date of Inspection: <u>9/15/21</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:	The State & Federal criminal history record clearances for the certified and substitute caregiver are pending.	9/21/21
(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.		