

Name of Foster Parents(s): Gregoria Triesch

Date of Inspection: 8/27/21

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

No deficiencies. Home inspection after COVID-19 Emergency

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date
§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u> (b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Caregiver submitted annual criminal history consents and payment, pending results.	