

Name of Foster Parents(s): Sofia Cabias

Date of Inspection: 10/11/21

**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 <u>PERSONAL QUALIFICATIONS REQUIRED:</u> (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 Services (APS) & Child Abuse & Neglect (CAN) clearances. Caregiver to submit copies of results upon receipt.</p>	11/10/21
<p>§11-148-37 <u>HEALTH OF FOSTER FAMILY:</u> (b)(2) Tuberculosis (TB) clearance, in accordance with current department recommendations, on every member of the household.</p>	<p>Caregiver to submit a TB screening for the household member, to be submitted to the Certification Unit by November 8, 2021.</p>	11/10/21