Name of Foster Parents(s): Leona & Anthony Salomon Date of Inspection: 10/20/21

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
§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.	**Caregiver submitted annual criminal history consents and payment, pending results.**	11/01/21
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	**Caregiver to submit the proof of payment & results for the Adult Protective Services (APS) and Child Abuse & Neglect (CAN clearances.**	10/21/21