

Name of Foster Parents(s): Art & Ariet Baliao

Date of Inspection: 11-4-21

**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)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.</p>	<p>Criminal History consent and payments submitted, pending results.</p>	<p>11/9/21</p>
<p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>APS/CAN proof of payment submitted for caregiver and substitutes, pending results. Caregiver to submit results upon receipt.</p>	<p>11/18/21</p>