Name of Foster Parents(s): Reynaldo/Teresita de Guzman Date of Inspection: 11-5-21

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.	Criminal History consents and payment submitted, pending results.	11/1/21