Name of Foster Parents (s): Joseph & Marissa Quenga Date of Inspection: 12/22/21

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:** (a) Foster parents and all members of the household shall show evidence of being well-adjusted persons, capable of accepting, understanding, and caring for foster adults and working with the department.	The certified caregivers shall submit to the Certification Unit a signed consent to obtain a local criminal history clearance for the identified household member by 12/29/21.	12/28/21