

Name of Foster Parents(s): Ana Ramos

Date of Inspection: 12/23/21

**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> (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.</p>	<p>Manual consent clearance results are pending for required individuals.</p>	12/28/21
<p>(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>Caregiver submitted annual criminal history and payment, results are pending for caregiver and substitute caregiver.</p>	12/28/21