

**Department of Health  
Developmental Disabilities Division  
Adult Foster Home Corrective Action Report**

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
<p>§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b> (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 all required individuals.</p>	
<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 consents and payment, pending results.</p>	
<p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>Caregiver submitted proof of payment for Adult Protective Services (APS) and Child Abuse and Neglect (CAN) clearances. Caregiver to submit results upon receipt.</p>	