Name of Foster Parents (s): <u>Johnnie & Editha Pascual</u> Date of Inspection: <u>1/05/22</u>

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

☐ No deficiencies

SECTION	PLAN CORRECTION	<b>Completion Date</b>
	(To be completed by the caregiver)	
§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	The results of the State & Federal criminal history record clearances for the certified and substitute caregivers are pending.	12/21/21
adult(s) in care.		