Name of Foster Parents (s): <u>James & Lily Bartolome</u> Date of Inspection: <u>2/22/22</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 adult(s) in care. | The results of the State & Federal criminal history record clearances for the certified and substitute caregivers are pending. |                        |
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