

Name of Foster Parents (s): Renato & Imelda Del Val Date of Inspection: 2/10/22

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></p> <p>(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>Adult Protective Services (APS) and Child Abuse & Neglect proof of payment and results are pending for all required individuals.</p>	