

Name of Foster Parents(s): Gregoria Triesch

Date of Inspection: 8/27/21

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

No deficiencies. Home inspection after COVID-19 Emergency

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
§11-148-34 <b><u>PERSONAL QUALIFICATIONS REQUIRED:</u></b> (b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	Caregiver submitted annual criminal history consents and payment, pending results.	11/1/21