

Name of Foster Parents (s): **BARENG, Corazon**

Date of Inspection: **2/25/22**

**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>	Manual consent clearance results are pending for all required individuals.	3/9/22
<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>	Caregiver submitted annual criminal history consents and payments, pending results.	3/18/22
<p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	Adult Protective Services (APS) and Child abuse & Neglect (CAN) results are pending for all required individuals. Caregiver to submit a copy of the results upon receipt.	3/21/22