

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

No deficiencies.

| <b>SECTION</b>  | <b>PLAN CORRECTION<br/>(To be completed by the caregiver)</b>  | <b>Completion Date</b> |
|---|--|------------------------|
| <p>§11-148-34 <b><u>PERSONAL QUALIFICATIONS REQUIRED:</u></b></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>  | 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>   | <p>Criminal history consents and payments submitted, pending results for caregiver and substitute caregivers.</p>  | 3/7/22                 |
| <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 &amp; Neglect (CAN) results are pending for all required individuals. Caregiver to submit a copy of the results upon receipt.</p> | 3/10/22                |
|   |  |                        |
|   |  |                        |
|   |  |                        |
|   |  |                        |
|   |  |                        |
|   |  |                        |
|   |  |                        |
|   |  |                        |
|   |  |                        |
|   |  |                        |