

Name of Foster Parents (s): Myrna Gregorio

Date of Inspection: 4/29/20

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

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
§11-148-16 <b>RECORD:</b> (b)(2)(C)(3) During residence, foster adult record includes entries describing treatments and services rendered.	Effective immediately, the certified caregiver shall record all treatments and services rendered.	
§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</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.	The Department of Health to determine if the criminal history of the identified substitute caregiver poses a risk to the foster adults in care.	

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