

Name of Foster Parents (s): **Bonniely and Art Carungay** Date of Inspection: **5/14/20**

**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
§11-148-16 RECORD: (a)& (b)(1) A current register of all foster adults admitted that includes foster adult's name, birth date, age, reason for placement, date placed, and date removed.	Caregiver to complete the admission/discharge form, including all participants who were ever placed in her home and keep in her AFH chart. Caregiver to submit a copy to the Certification Unit for verification. Correction Due: <u>June 12, 2020</u>	
(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	Caregiver will submit APS/CAN clearances to the Certification Unit. Correction Due: <u>June 12, 2020</u>	