

Name of Foster Parents (s): Leonial Degala

Date of Inspection: 3/04/20

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.	Effective immediately, the certified caregiver shall a current register of all foster adults admitted and discharged from her home.	3/27/20
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (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 results of the criminal history record clearances for the certified caregiver and her substitute caregiver are pending.	3/04/20
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED:	The certified caregiver shall obtain and submit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for herself and her substitute caregiver to the Certification Unit by 4/04/20.	3/11/20

