

Name of Foster Parents (s): **Nagal, Marylou** Date of Inspection: **6/8/20**

**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
<p>§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u></p> <p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>Caregiver will submit APS/CAN clearance for household member to the Certification Unit.</p> <p>Correction due: <u>July 8, 2020</u></p>	<p>Correction received 7/1/20</p>