

Name of Foster Parents (s): **BADUA, Arsenia** Date of Inspection: **6/18/20**

**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>§11-148-16 <u>RECORD:</u> (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.</p>	<p>Caregiver to submit a current register of all foster adults admitted (Record of Placement) that includes foster adult's name, birth date, age, reason for placement, date placed, and date removed to the Certification. Correction Due: <u>July 17, 2020</u></p>	<p>Correction accepted 7/17/20</p>
<p>§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u> (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>Caregiver to submit completed clearances for substitute and household member. Correction due by: <u>July 20, 2020</u></p>	<p>All clearances submitted 8/17/20; clearance as of 5/7/20 and 7/29/20</p>