

Name of Foster Parents (s): NARITO, Rose

Date of Inspection: 9/1/20

**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 PERSONAL QUALIFICATIONS REQUIRED:</p> <p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>Clearance pending for one household member.</p> <p>Correction due: <u>October 1, 2020</u></p>	<p>Correction received 9/14/20</p>
<p>§11-148-16 RECORD:</p> <p>(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 keep a log (Record of Placement) of all foster adults admitted/discharged from her Adult Foster Home. This log is not part of the participant's chart, but rather a required document to keep in the AFH binder along with fire drill records, copies of inspection reports, certificates, etc.</p> <p>Caregiver to submit a copy of the log to the Certification Unit for verification.</p> <p>Correction due: <u>October 1, 2020</u></p>	<p>Corrected 9/9/20.</p>

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