

Name of Foster Parents (s): Shelli Lynn Souza-Motta

Date of Inspection: 8/05/20

**Department of Health  
Developmental Disabilities Division  
Adult Foster Home Corrective Action Report**

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
<p>§11-148-34 <b><u>PERSONAL QUALIFICATIONS REQUIRED:</u></b></p> <p>(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.</p>	<p>The results of the criminal history record clearances for the certified caregiver and substitute caregiver are pending.</p>	8/03/20
<p>§11-148-22 <b><u>EMERGENCIES:</u></b></p> <p>(a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.</p>	<p>Effective immediately, the certified caregiver shall always have a current emergency protocol in place. The certified caregiver shall obtain a copy of the identified foster adult's current Individualized Service Plan (ISP) that includes the Risk &amp; Safety and Emergency &amp; Crisis planning sections by 9/05/20.</p>	8/24/20

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