

Name of Foster Parents (s): ALO-AKINA, Madeleine Date of Inspection: 2/22/21

**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>§11-148-22 <u>EMERGENCIES:</u> (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 foster adult's current Individualized Service Plan (ISP) that includes the Risk & Safety and Emergency & Crisis planning sections by 3/22/21.</p>	
<p>§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u> (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 certified caregiver shall submit to the Certification Unit signed requests for criminal history record clearances and the processing fee for herself and her substitute caregiver by 3/01/21.</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>The certified caregiver shall submit to the Certification Unit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for herself and her substitute caregiver by 3/22/21.</p>	