

Name of Foster Parents(s): Dennis & Yvette Samson Date of Inspection: 08/20/20

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>§11-148-28 <u>RESIDENT'S ACCOUNTS:</u> (d) Record contains an accurate accounting of foster adult's money and disbursements kept on an ongoing basis, including receipts for expenditures.</p>	<p>(1) The certified caregiver shall submit receipts for expenditures from August 2019 – August 2020.</p>	8/24/20
<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>Effective immediately caregiver to submit proof of payment for Adult Protective Services (APS) and Child Abuse & Neglect (CAN) registry checks for all caregivers, substitute caregivers and all household members.</p>	8/24/20