Name of Foster Parents (s): <u>Lynette Nosis</u> Date of Inspection: <u>5/25/21</u>

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 |
|--|---|-----------------|
| §11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect. | The certified caregiver shall submit to the Certification Unit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for herself, her substitute caregiver and all adult household members by 6/25/21. | 6/15/21 |
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