

Name of Foster Parents (s): Lermadelia Tagumasi

Date of Inspection: 01/21/21

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>§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u></p> <p>(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 and household members.</p>	04/08/21
<p>§11-148-22 <u>EMERGENCIES:</u></p> <p>(a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.</p>	<p>Caregiver to submit the self-preservation statements to the Certification Unit by February 18, 2021.</p>	2/8/21