Name of Foster Parents (s): **GAGARIN, Gracia & Nestor**

Date of Inspection: 6/17/21

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

No deficiencies

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
§11-148-16 RECORD : (a)& (b)(1) A current register of all foster adults admitted that includes foster adult's name, birth date, age, reason for placement, date placed, and date removed.	Admission/Discharge Form was not on file. Provided caregiver with updated form. Caregiver to keep on file and to update as needed. Correction accepted on-site.	6/17/21