

Name of Foster Parents (s): Nance, Angelica

Date of Inspection: 11/23/21

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

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
<p>§11-148-28 <b>RESIDENT'S ACCOUNTS:</b> (d) Record contains an accurate accounting of foster adult's money and disbursements kept on an ongoing basis, including receipts for expenditures.</p>	<p>Accounting of Allowance form and receipts not on file for one participant. Effective immediately, start maintaining accounting of the other participant's allowance on an ongoing basis, including receipts on file.</p>	11/23/21
<p>(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>Annual criminal history clearance results are pending for caregiver and substitute caregiver.</p>	11/24/21