

Name of Foster Parents (s): Charles & Annabelle Sadoy Date of Inspection: 12/08/21

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>The Certified caregivers shall obtain and submit to the Certification Unit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for all certified & substitute caregivers and all adult household members by 1/08/22.</p>	12/13/21
<p>§11-148-37 <u>HEALTH OF FOSTER FAMILY:</u></p> <p>(b)(2) Tuberculosis (TB) clearance, in accordance with current department recommendations, on every member of the household.</p>	<p>The certified caregivers shall submit a current TB clearance for the identified household member to the Certification Unit by 1/08/22.</p>	12/13/21