

Name of Foster Parents (s): ALO-AKINA, Madeleine Date of Inspection: 2/23/22

**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
§11-148-22 EMERGENCIES: (a) Foster parent obtained an emergency protocol in the event of sudden illness or accident.	The certified caregiver shall always have a current emergency protocol in place. The certified caregiver shall obtain copies of the foster adults' current Individualized Service Plan (ISP) that includes the Risk & Safety and Emergency & Crisis planning sections by 3/23/22.	