Name of Foster Parents (s): Namnama Baptista Date of Inspection: 02/03/22

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
11-148-16 **RECORD**: (b)(2)(C)(4) & (6) During residence, foster adult record includes medications administered as ordered by physicians.	**Caregiver to submit an MD order for the medication to the Certification Unit by 3/3/22.**	
§11-148-34 **PERSONAL QUALIFICATIONS REQUIRED**: (b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.	**Caregiver submitted annual criminal history consents and payments, pending results.**	