

Name of Foster Parents (s): Mildred Manaois

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 foster parent shall obtain a copy of the foster adults' current Individualized Service Plan (ISP) that includes the Risk & Safety and Emergency & Crisis planning sections by 3/23/22.	
§11-148-34 PERSONAL QUALIFICATIONS REQUIRED: (b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.	The certified caregiver shall submit to the Certification Unit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for herself and her substitute caregivers by 3/23/22.	