Name of Foster Parents (s): Suny Idica Date of Inspection: 11/19/19

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
§11-148-34 **PERSONAL QUALIFICATIONS REQUIRED:** (a) Foster parents and all members of the household shall show evidence of being well-adjusted persons, capable of accepting, understanding, and caring for foster adults and working with the department.	The results for the State of Hawaii criminal history record clearance for the identified household member is pending.	11/19/19
§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.	The State & Federal criminal history record clearances for the certified caregiver and his substitute caregivers are pending.	11/26/19
§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 obtain Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for himself, his substitute caregivers and all adult household members by 12/19/19.	11/26/19