

Name of Foster Parents (s): Esmenia Apostol

Date of Inspection: 12/14/20

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 of the State of Hawaii criminal history record clearances for the identified household members are pending.	