

Name of Foster Parents (s): Marites Failma

Date of Inspection: 1/05/21

**Department of Health**  
**Developmental Disabilities Division**  
**Adult Foster Home Corrective Action Report**

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b>  (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 result of the State of Hawaii criminal history record clearances for the identified household members are pending.	1/27/21
§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b>  (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 results of the State & Federal criminal history record clearances for the certified caregiver and her substitute caregivers are pending.	1/04/21