Name of Foster Parents (s): <u>Esmenia Apostol</u> Date of Inspection: <u>12/14/20</u>

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

☐ No deficiencies

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
§11-148-34 <u>PERSONAL</u> <u>QUALIFICATIONS</u> <u>REQUIRED</u> :	The results of the State of Hawaii criminal history record clearances for the identified household members are pending.	12/16/20
(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.	pending.	