

Name of Foster Parents (s): Suny Idica

Date of Inspection: 12/02/20

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
<p>§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u></p> <p>(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.</p>	<p>The results for the State of Hawaii criminal history record clearance for the identified household members are pending.</p>	<p>12/16/20</p>
<p>§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u></p> <p>(b)(1) Criminal history record for foster parents and substitute caregiver(s) does not pose a risk to the foster adult(s) in care.</p>	<p>The State & Federal criminal history record clearances for the certified caregiver and his substitute caregivers are pending.</p>	<p>12/11/20</p>
<p>§11-148-34 <u>PERSONAL QUALIFICATIONS REQUIRED:</u></p> <p>(b)(4) Background information for foster parents and substitute caregivers does not contain a history of child abuse or neglect.</p>	<p>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 1/02/21.</p>	<p>2/26/21</p>