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 certified caregiver shall submit to the Certification Unit a signed consent to obtain a State of Hawaii criminal history record clearance for the identified household member by 6/06/21.	7/07/21
§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 her substitute caregiver is pending.	5/04/21
§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 and submit to the Certification Unit Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearances for herself, her substitute caregiver, and all adult household members by 6/06/21.	6/18/21

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
§11-148-37 HEALTH OF FOSTER FAMILY: (a) All members of the household are free from disease which may be transmittable to others and from physical and emotional conditions which may adversely affect the foster parents' ability to care for the foster adult.	The identified certified caregiver shall submit a letter to the Certification Unit confirming that he has decided to relinquish his responsibilities as a certified caregiver due to health reasons by 6/06/21.	6/18/21