Name of Foster Parents (s): <u>Rhenz Iloreta & Sinamar Iloreta-Yago</u> Date of Inspection: <u>6/03/21</u>

Department of Health

Developmental Disabilities Division

Adult Foster Home Corrective Action Report

 $\hfill\square$ 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 6/17/21.	7/06/21
§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 results of criminal history record clearances for the certified caregivers and their substitute caregiver are pending.	6/04/21

Name of Foster Parents (s): <u>Rhenz Iloreta & Sinamar Iloreta-Yago</u> Date of Inspection: <u>6/03/21</u>

SECTION	PLAN CORRECTION	Completion Date
	(To be completed by the caregiver)	
§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 caregivers shall obtain and submit to the Certification Unit an Adult Protective Services (APS) and Child Abuse & Neglect (CAN) clearance for the identified household member by 7/03/21.	7/20/21