

Name of Foster Parents (s): Rhenz Iloreta & Sinamar Iloreta-Yago

Date of Inspection: 6/03/21

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 <u>PERSONAL QUALIFICATIONS REQUIRED:</u> (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 <u>PERSONAL QUALIFICATIONS REQUIRED:</u> (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

