

Name of Foster Parents (s): Emelyn Aguilar-Bartolome Date of Inspection: 11/02/21

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
<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 State of Hawaii criminal history record clearance for the identified household member is pending.</p>	11/04/21
<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 and substitute caregivers are pending.</p>	11/01/21