

Name of Foster Parents (s): Suny Idica

Date of Inspection: 11/17/21

**Department of Health**  
**Developmental Disabilities Division**  
**Adult Foster Home Corrective Action Report**

No deficiencies

| <b>SECTION</b>   | <b>PLAN CORRECTION<br/>(To be completed by the caregiver)</b>   | <b>Completion Date</b> |
|--|---|------------------------|
| <p>§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b></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 member is pending.</p> <p>The certified caregiver shall submit to the Certification Unit a signed consent permitting the Department of Health to obtain a State of Hawaii criminal history record clearance on the identified household member by 12/01/21.</p> | 12/28/21               |
| <p>§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b></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 &amp; Federal criminal history record clearances for the certified caregiver and his substitute caregivers are pending.</p>  | 11/24/21               |
| <p>§11-148-34 <b>PERSONAL QUALIFICATIONS REQUIRED:</b></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 &amp; Neglect (CAN) clearances for himself, his substitute caregivers and all adult household members by 12/17/21.</p>  | 12/03/21               |