

Name of Foster Parents (s): Dennis & Joanna Tamayo Date of Inspection: 10/25/21

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

No deficiencies

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
§11-148-28 <b><u>RESIDENT'S ACCOUNTS:</u></b> (d) Record contains an accurate accounting of foster adult's money and disbursements kept on an ongoing basis, including receipts for expenditures.	Effective immediately, the certified caregiver shall keep an accurate accounting of the foster adult's money, including receipts.	11/22/21
§11-148-34 <b><u>PERSONAL QUALIFICATIONS REQUIRED:</u></b> (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 State of Hawaii criminal history record clearance for the identified household member is pending.	11/04/21
§11-148-34 <b><u>PERSONAL QUALIFICATIONS REQUIRED:</u></b> (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 clearance for the certified and substitute caregivers are pending.	11/10/21

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<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>
<p>§11-148-34 <b><u>PERSONAL QUALIFICATIONS REQUIRED:</u></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 caregivers shall obtain Adult Protective Services (APS) and Child Abuse &amp; Neglect (CAN) clearances for themselves, their substitute caregivers and all adult household members by 11/25/21.</p>	<p>12/15/21</p>