

Foster Family Home - Corrective Action Report

Provider ID: 1-160034

Home Name: Editha Negrillo

Review ID: 1-160034-1

706 Hooluu St.

Reviewer:

Pearl City HI 96782

Begin Date: 6/24/2016

End Date: 7/5/16

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit [REDACTED] for initial certification review of 2 bed home. A corrective action report was issued at time of review and corrective action plan due [REDACTED]

6.(d)(1) Refer to appropriate sections of this review.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1) Fingerprint missing for CG [REDACTED] and HHM [REDACTED]
7.1.(a)(2) APS/CAN Missing for CG [REDACTED] and HHM [REDACTED]

[REDACTED]

[REDACTED]

Attn

Greetings,

In compliance with the requirements missing during the home visit [REDACTED]
I am respectfully submitting my corrective action plan:

7.1.(a)(1) The home received the Fingerprints result for CG [REDACTED] and HHM [REDACTED]. It is on file in the home personnel record. The home will utilize a file to track when personnel requirements are due to prevent any requirement from expiring in the future.

7.1.(a)(2) The home received the APS/CAN result for CG [REDACTED] and HHM [REDACTED]. It is on file in the home personnel record. The home will utilize a file to track when personnel requirements are due to prevent any requirement from expiring in the future.

Attached are the Fingerprints, APS/CAN results for CG [REDACTED] and HHM [REDACTED]

Thank You.

[REDACTED]