

Foster Family Home - Corrective Action Report

Provider ID: 4-160040

Home Name: Hilary Ubilas

Review ID: 4-160040-1

418 Ani St.

Reviewer:

Kahului HI 96732

Begin Date: 6/7/2016

End Date: 6/20/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person new CCFFH certification review [REDACTED] Corrective Action Report issued during home visit with all items due to CTA [REDACTED]

6.(d)(1) - see applicable sections of the 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),(2) - No current APS/CAN and Fingerprints for HHM's [REDACTED]

7.1. (a)(1), (2) – Sent CTA a current APS/CAN and Fingerprints for HHM's [REDACTED]

I now understand the time frame to get APS/CAN and Fingerprints and have placed all items with expiration dates on a list that I am keeping in the front on my CTA binder.

I will review the list monthly.

