

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: May Bernal, NA

CCFFH Address: 503 Kulia St., Wahiawa, HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1 (a)(1)	Fingerprinting done for CG#1, #2, and #3.	10/17/17	Back ground checks are important and will update before it expires and all Fingerprinting, eCrim, and APS/CAN filed in the binder.
	eCrim done for CG #3	10/19/17	
7.1 (a)(2)	APS/CAN done for CG# 1, #2, and #3.	10/17/17	
41.(b)(8)	CG#1, #2, #3 finished CPR and First aid training and CG#4 finished First aid training.	9/23/17	PCG will use a calendar reminder to renew 1 month before requirements expires.
45 (a)	Unannounced night fire drill done.	10/6/17	Home will do random unannounced fire drill at any time of day, evening, or night.
45.(b)(2)	CG#2 conducted unannounced fire drill.	10/6/17	PCG will train all new CGs to conduct fire drill and the following month, CG#3 will conduct unannounced fire drill.

Primary Caregiver's Signature: 

Print Name: May Bernal

Date of Signature: **10/23/2017**