

# Foster Family Home - Corrective Action Report

Provider ID: 1-160028

Home Name: Mariedel Garingo

Review ID: 1-160028-1

1635 Owawa St.

Reviewer:

Honolulu HI 96819

Begin Date: 5/31/2016

End Date:

5/31/16

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. All requirements met at time of review. Home eligible for 1 year 2 bed certificate.