

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

CCFFH Name: GRACE JACINTO AFH
 CCFFH Address: 94-1037 ELEU ST. WAIKAPU, HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a) 1 and 7.1.(a) 2	LAPSE ON ECKIM AND APS/CAN CANNOT BE CORRECTED.	3/21/18	I UNDERSTAND THE BACK GROUND CHECK REQUIREMENTS. I WILL USE CALENDAR OR MY IPHONE TO INPUT ALL DUE DATES TO PREVENT LAPSES I'LL CHECK ONCE A MONTH. TO RENEW BEFORE DUE DATE.

Primary Caregiver's Signature: 

Print Name: GRACE A. JACINTO

Date of Signature: 3/21/2018