



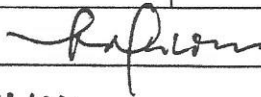
Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Karen Pasion

CCFFH Address: 16 Cypress Ave. Wahiawa HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8-a)(1)(2)	I received a current APS/CAN and finger prints from CG #2 and placed in my CCFFH Binder.	5/2/19	I added the expiration dates for APS/CAN and fingerprints for all CGs to my iphone calendar I set the reminds for 1 month prior to expiration.

Primary Caregiver's Signature: \_\_\_\_\_



Print Name: KAREN PASION

Date of Signature: 5/2/2019