

# Foster Family Home - Deficiency Report

**Provider ID:** 1-190073

**Home Name:** Amber G. Acosta, NA

**Review ID:** 1-190073-5

91-1358 Karayan Street

**Reviewer:** Jackie Chamberlain

Ewa Beach

HI 96706

**Begin Date:** 8/10/2021

**Foster Family Home**

**Required Certificate**

**[11-800-6]**

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required



\_\_\_\_\_  
Child Care Director

\_\_\_\_\_  
Date



\_\_\_\_\_  
Primary Case Manager

August 17, 2021

\_\_\_\_\_  
Date