

Foster Family Home - Deficiency Report

Provider ID: 1-220069

Home Name: Jonalyn Robles, NA

Review ID: 1-220069-1

94-854 Kaaholo Street

Reviewer: David Ayling

Waipahu HI 96797


Begin Date: 10/6/2022

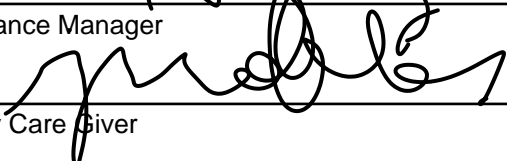
Foster Family Home	Required Certificate	[11-800-6]
--------------------	----------------------	------------

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.


Compliance Manager


Primary Care Giver

10/6/2022
Date

10/6/2022
Date

10/6/2022 10:50:49 AM