Foster Family Home - Deficiency Report

Provider ID: 1-230085

Home Name: Maria Angelica Camantang, Review ID: 1-230085-1

NA

91-1307 Maliko Street Reviewer: David Ayling
Ewa Beach HI 96706 Begin Date: 12/5/2023

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 Market Date

Primary Care Giver

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