

Foster Family Home - Deficiency Report

Provider ID: 1-240097

Home Name: Schlitz Jenkins, NA

Review ID: 1-240097-1

1770 California Avenue

Reviewer: David Ayling

Wahiawa HI 96786


Begin Date: 12/13/2024


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 Date 12/13/2024


Primary Care Giver Date 12/13/2024