

# Foster Family Home - Deficiency Report

Provider ID: 1-240104

Home Name: Vito Mendoza Jr

Review ID: 1-240104-1

94-432 Kahualena Street

Reviewer: David Ayling

Waipahu HI 96797


Begin Date: 12/30/2024


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

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

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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.

  
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Compliance Manager      Date 12/30/2024

  
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Primary Care Giver      Date 12-30-2024