

Foster Family Home - Deficiency Report

Provider ID: 1-250041

Home Name: Roviden Enriquez, NA

Review ID: 1-250041-1

94-1006 Eleu Street

Reviewer: David Ayling

Waipahu

HI

96797

Begin Date: 7/1/2025

Foster Family Home	Required Certificate	[11-800-6]
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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. Deficiency Report issued during home inspection with written plan of correction due to CTA by 8/1/25.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - No current Sex Offender check for CG #1 and HHM #1.

David Ayling
Compliance Manager

Primary Care Giver

Date

Date