

# Foster Family Home - Deficiency Report

Provider ID: 1-220072

Home Name: Charmiene Jucutan-Bolosan, Review ID: 1-220072-7

NA  
94-1035 Kuhaulua Street  
Waipahu HI 96797  
Reviewer: David Ayling  
Begin Date: 8/19/2025

**Foster Family Home**

**Required Certificate**

**[11-800-6]**

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.

Compliance Manager

Primary Care Giver

Date

Date

8/19/2025

8/19/25

8/19/2025 2:16:53 PM