

# Foster Family Home - Deficiency Report

Provider ID: 4-160092

Home Name: Kathleen Pascua Domingo,  
NA

Review ID: 4-160092-16

74 Puukani Street

Reviewer: David Ayling

Kahului

HI 96732

Begin Date: 9/9/2025

## Foster Family Home

## Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 10/9/25.

## Foster Family Home

## Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - eCrim expired on 7/23/2025 for CG #1 and CG #2. Renewed on 9/2/2025.

## Foster Family Home

## Personnel and Staffing

[11-800-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(5) - No proof of current Auto insurance for CG #1.

Compliance Manager  
Primary Care Giver

9/9/2025  
Date  
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Date  
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