

Foster Family Home - Deficiency Report

Provider ID: 1-560525

Home Name: Leilanie Frazee, CNA

Review ID: 1-560525-21

94-480 Palai Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 4/9/2026

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

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

Comment:


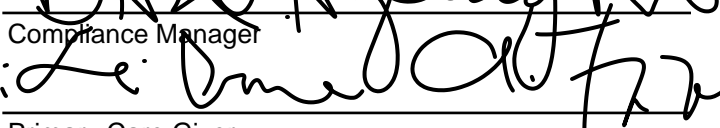
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 4/23/26.


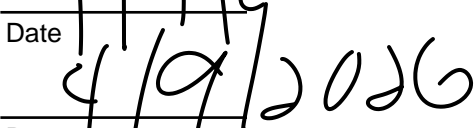
Foster Family Home Background Checks [11-800-8]

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 11/6/2025 for CG #2. Not done until 3/4/2026.


Compliance Manager

Primary Care Giver


Date

Date