

Name of Foster Parents (s): OBALDO, Salvador Date of Inspection: 4/21/20

**Department of Health**  
**Developmental Disabilities Division**  
**Adult Foster Home Corrective Action Report**

X No Record Review deficiencies

\*Home Inspection to be completed after COVID-19 Emergency

<b>SECTION</b>	<b>PLAN CORRECTION (To be completed by the caregiver)</b>	<b>Completion Date</b>