Name of Foster Parents (s): Paeste, Dionisia and Eusebio Date of Inspection: 6/19/20

Department of Health

Developmental Disabilities Division

Adult Foster Home Corrective Action Report

☐ X No deficiencies

SECTION	PLAN CORRECTION (To be completed by the caregiver)	Completion Date

Name of Foster Parents (s): Paeste, Dionisia and Eusebio Date of Inspection: 6/19/20