Department of Health

Developmental Disabilities Division

Adult Foster Home Corrective Action Report

 \boxtimes No deficiencies

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

Name of Foster Parents (s): <u>Sonny & Coleen Ramirez</u> Date of Inspection: <u>7/08/20</u>

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