Name of Foster Parents (s): Ofelia Lagat Date of Inspection: 8/25/20

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

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

Name of Foster Parents (s): Ofelia Lagat Date of Inspection: 8/25/20

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