Name of Foster Parents(s): <u>Fay De Jesus</u> Date of Inspection: <u>02/15/21</u>

Department of Health

Developmental Disabilities Division

Adult Foster Home Corrective Action Report

 $\hfill \square$ No deficiencies. Home Inspection after COVID-19 Emergency.

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