Name of Foster Parents (s): Cherry Joy Sercena Date of Inspection: 3/12/21

## 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                    | Completion Date |
|---------|------------------------------------|-----------------|
|         | (To be completed by the caregiver) |                 |
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