Name of Foster Parents (s): <u>Vilma Redor</u> Date of Inspection: <u>04/22/21</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