Name of Foster Parents (s): <u>GUERRERO, Judy</u> Date of Inspection: <u>6/23/21</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	Completion Date
	(To be completed by the caregiver)	