

Name of Foster Parents(s): Rose & Richard Spragling  
6/17/21

Date of Inspection:

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

No deficiencies. Home Inspection after COVID-19 Emergency.

| <b>SECTION</b> | <b>PLAN CORRECTION<br/>(To be completed by the caregiver)</b> | <b>Completion Date</b> |
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