

Name of Foster Parents(s): Lina Peralta

Date of Inspection: 7/16/21

**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 (To be completed by the caregiver)</b>	<b>Completion Date</b>