Name of Foster Parents(s): Erlinda Ramiscal Date of Inspection: 10/29/21

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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