

# Family Day Care Inspection Compliance Plan

Provider's Name: **Susan Humiston**

City: **Edgemont**

Provider Number: **016598379**

Inspector: **Meredith Schrier**

Date of Inspection: **03/22/2023**

Time of Inspection: **11:13 AM**

**Provider was found to be in full compliance**

**SUSAN HUMISTON**

Provider Signature

**03/22/2023**

Date

**Meredith Schrier**

Inspector Signature

**03/22/2023**

Date