

Family Day Care Inspection Compliance Plan

Provider's Name: **SUSAN HUMISTON**

City: **Edgemont**

Provider Number: **016598379**

Inspector: **Meredith Schrier**

Date of Inspection: **02/01/2024**

Time of Inspection: **11:00 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

B. Record Keeping/Emergency Preparedness

31. Does each child's record contain all required information? 67:42:17:42

Corrections To Be Made:	Agency Action:	
TE - Immunization Records JM - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	02/14/2024	02/06/2024
	Status: Corrected	

SUSAN HUMISTON

Provider Signature

02/01/2024

Date

Meredith Schrier

Inspector Signature

02/01/2024

Date