

Family Day Care Inspection Compliance Plan

Provider's Name: **ASHLEY CORTNEY**

City: **Edgemont**

Provider Number: **016598433**

Inspector: **Meredith Schrier**

Date of Inspection: **08/22/2024**

Time of Inspection: **1:12 PM**

Provider was found to be in full compliance

Ashely Cortney

Provider Signature

08/22/2024

Date

Meredith Schrier

Inspector Signature

08/22/2024

Date