

Family Day Care Inspection Compliance Plan

Provider's Name: **Susan Humiston**

City: **Edgemont**

Provider Number: **016598379**

Inspector: **Tina Uecker**

Date of Inspection: **09/15/2020**

Time of Inspection: **10:00 AM**

Provider was found to be in full compliance

Susan Humiston

Provider Signature

09/15/2020

Date

Tina Uecker

Inspector Signature

09/11/2020

Date