

# Family Day Care Inspection Compliance Plan

Provider's Name: **Carol Sharp**

City: **Black Hawk**

Provider Number: **016531290**

Inspector: **Jon Farrar**

Date of Inspection: **07/26/2018**

Time of Inspection: **8:30 AM**

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

**carol sharp**

Provider Signature

**07/26/2018**

Date

**Jon Farrar**

Inspector Signature

**07/26/2018**

Date