

Family Day Care Inspection Compliance Plan

Provider's Name: **Carol Sharp**

City: **Black Hawk**

Provider Number: **016531290**

Inspector: **Jon Farrar**

Date of Inspection: **10/15/2019**

Time of Inspection: **9:20 AM**

Provider was found to be in full compliance

Carol Sharp

Provider Signature

10/15/2019

Date

Jon Farrar

Inspector Signature

10/15/2019

Date