

Program Inspection Compliance Plan

Provider's Name: **Shar and Amy's Childcare**

City: **Philip**

Provider Number: **010604602**

Inspector: **Andrea Neff**

Date of Inspection: **05/09/2024**

Time of Inspection: **1:52 PM**

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

Posting Information/ Emergency Preparedness/ Record Keeping/ Provider C. Qualifications

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:	Agency Action:	
AM - CPR SM - CPR	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	05/23/2024	06/14/2024
	Status: Corrected	

Amy Moses

Provider Signature

05/10/2024

Date

Andrea Neff

Inspector Signature

05/10/2024

Date