

# Family Day Care Inspection Compliance Plan

Provider's Name: **Carol Sharp**

City: **Black Hawk**

Provider Number: **016531290**

Inspector: **Andrea Neff**

Date of Inspection: **10/19/2022**

Time of Inspection: **8:26 AM**

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

**Carol Sharp**

Provider Signature

**10/21/2022**

Date

**Andrea Neff**

Inspector Signature

**10/21/2022**

Date