

Family Day Care Inspection Compliance Plan

Provider's Name: **Carol Sharp**

City: **Black Hawk**

Provider Number: **016531290**

Inspector: **Jeremy Rieger**

Date of Inspection: **10/28/2024**

Time of Inspection: **2:02 PM**

Provider was found to be in full compliance

Carol Sharp

Provider Signature

10/28/2024

Date

Jeremy Rieger

Inspector Signature

10/28/2024

Date