

Provider required to post this report.

Family Day Care Inspection Compliance Plan

Provider's Name: **CHARLOTTE SHARP**

City: **Martin**

Provider Number: **010611587**

Inspector: **Meredith Schrier**

Date of Inspection: **12/03/2024**

Time of Inspection: **7:01 AM**

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

B. Record Keeping/Emergency Preparedness

36. Do provider and family day care assistant's records contain all required information? 67:42:17:15

Corrections To Be Made: KS - CPR	Agency Action: Compliance Plan Suggested Completion Date: 12/01/2024 Actual Completion Date: 01/29/2025 Status: Corrected
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Provider Signature

CHARLOTTE SHARP

Name

11/13/2024

Date



Inspector Signature

Meredith Schrier

Name

11/13/2024

Date