

# Family Day Care Inspection Compliance Plan

Provider's Name: **Lydia Adcock**

City: **Sioux Falls**

Provider Number: **018042748**

Inspector: **Rita Trager**

Date of Inspection: **11/30/2022**

Time of Inspection: **8:36 AM**

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

**Lydia Adcock**

Provider Signature

**11/30/2022**

Date

**Rita Trager**

Inspector Signature

**11/30/2022**

Date