

# Family Day Care Inspection Compliance Plan

Provider's Name: **Lydia Adcock**

City: **Sioux Falls**

Provider Number: **018042748**

Inspector: **Rita Trager**

Date of Inspection: **10/31/2023**

Time of Inspection: **8:05 AM**

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

**Lydia Adcock**

Provider Signature

**10/31/2023**

Date

**Rita Trager**

Inspector Signature

**10/31/2023**

Date