

# Family Day Care Inspection Compliance Plan

Provider's Name: **Lydia Adcock**

City: **Sioux Falls**

Provider Number: **018042748**

Inspector: **Rita Trager**

Date of Inspection: **10/26/2020**

Time of Inspection: **10:12 AM**

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

## B. Record Keeping/Fire Safety & Emergency Weather Drills

32. Do provider and helper records contain all required information? 67:42:03:07.03

Corrections To Be Made:	Agency Action:	
<b>VB - C A/N Report Statement</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>11/02/2020</b>	<b>10/28/2020</b>
	Status: <b>Corrected</b>	

**Lydia Adcock**

Provider Signature

**10/26/2020**

Date

**Rita Trager**

Inspector Signature

**10/26/2020**

Date