

# Family Day Care Inspection Compliance Plan

Provider's Name: **Melanie Adcock**

City: **Hot Springs**

Provider Number: **010600779**

Inspector: **Tina Uecker**

Date of Inspection: **07/28/2020**

Time of Inspection: **10:07 AM**

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

**Melanie Adcock**

Provider Signature

**07/28/2020**

Date

**Tina Uecker**

Inspector Signature

**07/28/2020**

Date