

# Family Day Care Inspection Compliance Plan

Provider's Name: **Dolly Bedford**

City: **Black Hawk**

Provider Number: **010605640**

Inspector: **Jon Farrar**

Date of Inspection: **02/05/2020**

Time of Inspection: **8:55 AM**

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

**Dolly Bedford**

Provider Signature

**02/05/2020**

Date

**Jon Farrar**

Inspector Signature

**02/05/2020**

Date