

Provider required to post this report.

Family Day Care Inspection Compliance Plan

Provider's Name: **Latrice Franklin**

City: **Mitchell**

Provider Number: **014512597**

Inspector: **Sarah Deakins**

Date of Inspection: **12/04/2024**

Time of Inspection: **9:23 AM**

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

C. Health and Safety Features of the Home- Indoor Environmental Observations

78. Is there documentation showing pets have current vaccination records? 67:42:17:40

Corrections To Be Made:

At the time of the inspection there was no documentation showing current pet vaccinations.

At the time of the inspection there must be documentation showing current vaccination records.

Verification received.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
01/10/2024	01/11/2024

Status: **Corrected**



Provider Signature

Latrice Franklin

Name

12/04/2024

Date



Inspector Signature

Sarah Deakins

Name

12/04/2024

Date