

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

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| Facility Name: NATASHA PLEASANT | Type of Facility: Center [] OST [] Day [X] Family [X] University [] Night [] Group [] |
| Physical Address: 611 SHANNON STREET MOBILE, AL 36606 | Mailing Address: |
| Telephone Number: (251) 479-5732 | Licensee: NATASHA PLEASANT |
| Capacity: 12 | Director: |
| Age Range: 6 Weeks to 13 Years | Date Prepared: 5/13/2026 |

SECTION B - BASIS FOR PLAN OF CORRECTION

List each deficiency, the plan of action, and the target date for each item:

| Deficiency Plan of Correction | Date to be completed |
|---|----------------------|
| Failed - Application, Staff Checklist Plan of Action - I will get the form. | 5/13/2026 |
| Failed - Medical, Staff Checklist Plan of Action - I will get the form. | 5/20/2026 |
| Failed - TB Test Date and Results, Staff Checklist Plan of Action - I will get the form. | 5/20/2026 |
| Failed - Infant -Child CPR Certification, Staff Checklist Plan of Action - I will get the form. | 5/20/2026 |
| Failed - Infant -Child First Aid Certificate, Staff Checklist Plan of Action - I will get the form. | 5/20/2026 |
| Failed - References, Staff Checklist Plan of Action - I will get the forms | 5/20/2026 |
| Failed - Written verification of Emergency Procedures, Staff Checklist Plan of Action - I will get the form. | 5/20/2026 |
| Failed - Written Verification of Standards Read, Staff Checklist Plan of Action - I will get the form. | 5/20/2026 |
| Failed - Ongoing Training, Staff Checklist Plan of Action - She will get training | 5/20/2026 |
| Failed - Health and Safety Training, Staff Checklist Plan of Action - She will get[the training | 5/20/2026 |
| Failed - Suitability Determination (Every 5 years), Staff Checklist Plan of Action - I will find my fingerprints | 5/20/2026 |
| Failed - Ongoing Training, Staff Checklist Plan of Action - I will get the training complete | 5/20/2026 |

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| Failed - Health and Safety Training, Staff Checklist Plan of Action - I will complete training | 5/20/2026 |
| Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Plan of Action - I will register her. | 5/20/2026 |
| Failed - Preadmission Form, Child Checklist Plan of Action - I will get the form. | 5/20/2026 |
| Failed - Immunization Certificate, Child Checklist Plan of Action - I will get the form. | 5/20/2026 |
| Failed - Preadmission Form, Child Checklist Plan of Action - I will get the form. | 5/20/2026 |
| Failed - Immunization Certificate, Child Checklist Plan of Action - I will get the form. | 5/20/2026 |
| Failed - Preadmission Form, Child Checklist Plan of Action - I will get the form. | 5/20/2026 |