

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: KIDZ CAMP	Type of Facility: Center <input checked="" type="checkbox"/> OST <input type="checkbox"/> Day <input checked="" type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Night <input type="checkbox"/> Group <input type="checkbox"/>
Physical Address: 1256 HWY 43 KILLEN, AL 35645	Mailing Address:
Telephone Number: (256) 272-5060	Licensee: AMANDA ROBERTSON
Capacity: 46	Director: AMANDA ROBERTSON
Age Range: 6 Weeks to 14 Years	Date Prepared: 6/4/2026

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 - Medical, Staff Checklist Plan of Action - staff medical will be updated asap	6/30/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - immunization records will be updated asap. parents have been informed	6/30/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - immunization records will be updated. Parent already notified	6/30/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - immunization records will be updated. Parents already notified.	6/30/2026
Failed - Center free of apparent hazards, Inspection Form Plan of Action - Staff purse was locked up	6/4/2026
Failed - No screen time for children under 2 years of age, Inspection Form Plan of Action - tv was covered with blanket	6/4/2026
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Plan of Action - All training will be completed in Alabama pathways	7/5/2026
Failed - Medical exam and TB test on file at time of employment, Inspection Form Plan of Action - Staff medical will be completed asap	6/4/2026