

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: PATRICIA A. TINSLEY	Type of Facility: Center [] OST [] Day [X] Family [] University [] Night [X] Group [X]
Physical Address: 1486 COUNTY RD 40 CAMP HILL, AL 36850	Mailing Address: TINSLEY'S DAY CARE , 1486 COUNTY RD 40 CAMPHILL, AL, 36850
Telephone Number: (256) 896-2738	Licensee: PATRICIA TINSLEY
Capacity: 18	Director:
Age Range: 6 Weeks to 12 Years 6 Weeks to 12 Years	Date Prepared: 6/5/2026

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 - Preadmission Form, Child Checklist Plan of Action - The parent will get the correct form and fill out	6/22/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - Parent will get the correct immunization form	6/22/2026
Failed - Preadmission Form, Child Checklist Plan of Action - I will get the parent to sign a missed form	6/12/2026
Failed - Medical, Staff Checklist Plan of Action - Assistant will get a physical on June 11 2026	6/11/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Plan of Action - My substitute will get fingerprints done immediately	6/22/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - Substitute has already done training I will put them in Pathways	6/22/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - Substitute has done training I will put them in Arise and Pathways	6/22/2026
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 put all training into pathways	6/22/2026