

## Plan of Correction

### SECTION A - IDENTIFYING INFORMATION

Facility Name: FIRST YEARS CHILD DEVELOPMENT CENTR	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: 4686 STATE HIGHWAY 21 N BURKVILLE, AL 36752	Mailing Address: 4686 STATE HIGHWAY 21 N BURKVILLE, AL, 36752
Telephone Number: (334) 281-8627	Licensee: KATINA JAMES
Capacity: 45	Director: KATINA DENISE JAMES
Age Range: 6 Weeks to 13 Years	Date Prepared: 6/9/2026

### 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 - The staff will complete her medical by 6/23/26	6/23/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - Staff will get 3 hours of training by 6/23/26	6/23/2026