

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: TENDER LOVING CARE	Type of Facility: Center <input type="checkbox"/> OST <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input checked="" type="checkbox"/>
Physical Address: 1862 CYRIL ROAD LISMAN, AL 36912	Mailing Address: P.O. BOX 193 LISMAN, AL, 36912
Telephone Number: (205) 398-7697	Licensee: TERRY DIXON
Capacity: 12	Director:
Age Range: 6 Weeks to 8 Years	Date Prepared: 6/11/2026

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 - Number of children in the care of the licensee does not exceed licensed capacity, Inspection Form Plan of Action - Will correct soon	6/12/2026
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 correct these by this weekend	6/14/2026
Failed - Each child signed in and signed out with a written signature or a biometric ID, Inspection Form Plan of Action - I will have parents to sign child in at pick up this evening.	6/11/2026
Failed - Preadmission Form, Child Checklist Plan of Action - I will correct these by this weekend.	6/13/2026
Failed - Infant -Child CPR Certification, Staff Checklist Plan of Action - I will correct these by this weekend	6/13/2026
Failed - Infant -Child CPR Certification, Staff Checklist Plan of Action - I will correct these by this weekend	6/13/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist Plan of Action - I will correct these by this weekend	6/13/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - I will correct these by this weekend	6/13/2026