

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: JAKITA WARD	Type of Facility: Center [] OST [] Day [X] Family [X] University [] Night [] Group []
Physical Address: 10486 ST HWY 95 N ABBEVILLE, AL 36310	Mailing Address: 10486 ST HWY 95 N ABBEVILLE, AL, 36310
Telephone Number: (334) 689-9116	Licensee: JAKITA WARD
Capacity: 6	Director:
Age Range: 6 Weeks to 12 Years	Date Prepared: 6/18/2026

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 - COMPLETE ALL PAPERWORK/TRAININGS	6/3/2026
Failed - Medical, Staff Checklist Plan of Action - COMPLETE ALL PAPERWORK	6/3/2026
Failed - Infant -Child CPR Certification, Staff Checklist Plan of Action - COMPLETE ALL PAPERWORK	6/3/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist Plan of Action - COMPLETE ALL PAPERWORK	6/3/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Plan of Action - COMPLETE FINGERPRINTS	6/5/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - COMPLETE ALL PAPERWORK/TRAININGS	6/3/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - COMPLETE ALL PAPERWORK/TRAININGS	6/3/2026