

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: TIFFANY'S TOTS HOME DAYCARE	Type of Facility: Center [] OST [] Day [X] Family [X] University [] Night [] Group []
Physical Address: 1816 MOHAWK DRIVE ALABASTER, AL 35007	Mailing Address:
Telephone Number: (205) 531-9386	Licensee: TIFFANY DANIEL
Capacity: 6	Director:
Age Range: 6 Weeks to 12 Years	Date Prepared: 6/25/2026

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 - Request from parent	6/26/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - requested from parent	7/9/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - request from parent	7/9/2026
Failed - Children with food allergies should have a written plan with required components that is available and known by the child's caregiver, Inspection Form Plan of Action - Request allergy plan from parents.	7/9/2026