

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: GLADYS TURNER	Type of Facility: Center [] OST [] Day [X] Family [X] University [] Night [] Group []
Physical Address: 406 FLINT STREET MOBILE, AL 36604	Mailing Address:
Telephone Number: (251) 478-5317	Licensee: GLADYS TURNER
Capacity: 11	Director:
Age Range: 6 Weeks to 12 Years	Date Prepared: 6/26/2026

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 - Immunization Certificate, Child Checklist Plan of Action - I am going to notify parent about immunization	7/10/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - Notify parent about immunization and request for an updated one in two weeks	7/10/2026
Failed - Medical, Staff Checklist Plan of Action - I plan on receiving an updated medical form in two weeks	7/10/2026
Failed - Medical, Staff Checklist Plan of Action - I plan on receiving an updated medical form in two weeks	7/10/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - Once I have received training I will upload I Alabama Pathway in two weeks.	7/10/2026
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 - Once training is completed this will be updated in two weeks	7/10/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - Once I have completed my training I will upload in Alabama Pathway in two weeks	7/10/2026