

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: WHITE'S HOME DAY CARE	Type of Facility: Center [] OST [] Day [X] Family [X] University [] Night [X] Group []
Physical Address: 2531 GREENLAWN DR. MOBILE, AL 36605	Mailing Address:
Telephone Number: (251) 473-5858	Licensee: JACQUELINE WHITE
Capacity: 12	Director:
Age Range: 6 Weeks to 12 Years 6 Weeks to 12 Years	Date Prepared: 6/30/2026

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 - MAKING APPOINTMENT FOR THE 8TH OF JULY	7/8/2026
Failed - Tools and machinery inaccessible to children, Inspection Form Plan of Action - I PLAN TO FIX IT TODAY	6/30/2026
Failed - Certificate of rabies vaccination, Inspection Form Plan of Action - I AM DOING IT TODAY	6/30/2026