Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: PATRICIA A. TINSLEY	Type of Facility: Center [ ] OST [ ] Day [X] Family [ ] University [ ] Night [X] Group [X]
Physical Address: 1486 COUNTY RD 40 CAMP HILL, AL 36850	Mailing Address: TINSLEY'S DAY CARE , 1486 COUNTY RD 40 CAMPHILL, AL, 36850
Telephone Number: (256) 896-2738	Licensee: PATRICIA TINSLEY
Capacity: 18	Director:
Age Range: 6 Weeks to 12 Years 6 Weeks to 12 Years	Date Prepared: 07/09/2026

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 - Suitability Determination (Every 5 years), Staff Checklist Plan of Action - My substitute will get fingerprints done immediately	6/22/2026
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 put all training into pathways	6/22/2026