Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: BELLS & WHISTLES	Type of Facility: Center [ ] OST [ ] Day [X] Family [X] University [ ] Night [ ] Group [ ]
Physical Address: 1725 RUSTIC WOOD CT. MOBILE, AL 36609	Mailing Address:
Telephone Number: (251) 508-3059	Licensee: KAREN LATHAN
Capacity: 5	Director:
Age Range: 2 Years to 5 Years	Date Prepared: 7/9/2026

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 - Her mom will provide a blue card	7/24/2026
Failed - Medical, Staff Checklist Plan of Action - I will get a new medical	7/24/2026
Failed - Medical, Staff Checklist Plan of Action - He will get a new medical	7/24/2026
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 upload our CPR certificates	7/24/2026