Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: MS. TAMMY'S GROUP HOME	Type of Facility: Center [ ] OST [ ] Day [X] Family [ ] University [ ] Night [ ] Group [X]
Physical Address: 101 SHADY CIRCLE ALABASTER, AL 35007	Mailing Address:
Telephone Number: (205) 527-8881	Licensee: TAMMY WALTERS
Capacity: 12	Director:
Age Range: 6 Weeks to 12 Years	Date Prepared: 7/10/2026

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 parent signature	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 - Staff will register in Alabama Pathways	7/13/2026