Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: NEW LIFE DEVELOPMENT CENTER	Type of Facility: Center [X] OST [ ] Day [X] Family [ ] University [ ] Night [ ] Group [ ]
Physical Address: 951 NEW JERSEY ST MOBILE, AL 36604	Mailing Address:
Telephone Number: (251) 438-3111	Licensee: NEW LIFE HOLINESS CHURCH
Capacity: 75	Director: QUEEN LIFE DEVELOPMENT STOKES
Age Range: 6 Weeks to 12 Years	Date Prepared: 7/29/2026

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 - TB Test Date and Results, Staff Checklist Plan of Action - copy of TB results	8/12/2026
Failed - TB Test Date and Results, Staff Checklist Plan of Action - copy of TB results	8/12/2026
Failed - Preadmission Form, Child Checklist Plan of Action - parent will complete remission form	8/12/2026
Failed - Preadmission Form, Child Checklist Plan of Action - parent will do remission form	8/12/2026
Failed - Preadmission Form, Child Checklist Plan of Action - parent will do remission form	8/12/2026
Failed - Preadmission Form, Child Checklist Plan of Action - parent will do readmission form	8/12/2026
Failed - Preadmission Form, Child Checklist Plan of Action - parent wil do readmission form	8/12/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - parent wii update immunization form	8/12/2026