Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: SMITH KINDERCARE	Type of Facility: Center [ ] OST [ ] Day [X] Family [X] University [ ] Night [X] Group [ ]
Physical Address: 1567 WEST AVENUE MOBILE, AL 36604	Mailing Address:
Telephone Number: (251) 529-4729	Licensee: DERICA SMITH
Capacity: 10	Director:
Age Range: 6 Weeks to 14 Years 18 Months to 14 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 - Immunization Certificate, Child Checklist Plan of Action - I should have these completed by Next Friday.	8/7/2026
Failed - Medical, Staff Checklist Plan of Action - I will have my physical done by next Monday.	8/7/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - I will have parents to bring blue cards next week.	8/7/2026
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 hope to have cpr by the end of next month.	8/28/2026