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: 7/31/2026

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	8/14/2026