

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

SECTION 4 - IDENTIFYING INFORMATION	
Facility Name: MOTHER HELPER HOME DAY CARE	Type of Facility: Center [] OST [] Day [X] Family [X] University [] Night [X] Group []
Physical Address: 5105 CALKINS DRIVE EIGHT MILE, AL 36613	Mailing Address:
Telephone Number: (251) 457-0590	Licensee: BESSIE HENDERSON
Capacity: 12	Director:
Age Range: 4 Weeks to 12 Years 4 Weeks to 12 Years	Date Prepared: 8/5/2026

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 - Health and Safety Training, Staff Checklist Plan of Action - I will have it done in about 3 weeks.	8/27/2026
Failed - Medical, Staff Checklist Plan of Action - I want to have it done by next Friday.	8/14/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - I want to have this training completed in about 3 weeks.	8/27/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - i called the parent and it will be done by the end of next week.	8/14/2026
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 - Want to have it done in 3 weeks.	8/27/2026