

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: BRIDGEWAY ACADEMY BAY MINETTE CAMPUS	Type of Facility: Center ☒ OST ☐ Day ☒ Night ☐ Family ☐ University ☐ Group ☐
Physical Address: 801 WEST 14TH STREET BAY MINETTE, AL 36507	Mailing Address: P O BOX 410 SARALAND, AL, 36571-_____
Telephone Number: (251) 651-4001	Licensee: BRIDGEWAY ACADEMY
Capacity: 64	Director: ALEXANDRA YOUNG
Age Range: 6 Weeks to 12 Years	Date Prepared: 8/12/2026

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 - Medical, Staff Checklist Plan of Action - Will update her file	8/28/2026
Failed - Medical, Staff Checklist Plan of Action - Will get this updated	8/28/2026
There is a staff present without a file. , Ad Hoc Plan of Action - I will get this file complete and uploaded asap	8/28/2026
Failed - Medical, Staff Checklist Plan of Action - Will get this updated asap	8/28/2026
Failed - TB Test Date and Results, Staff Checklist Plan of Action - Will get this updated asap	8/28/2026
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Plan of Action - Will correct ASAP and removed hazardous items	8/26/2026
Exposed tarp in the sandbox causing tripping hazard for the children. , Ad Hoc Plan of Action - Will remove this asap	8/28/2026