

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: TEE TEE'S LITTLE ANGEL	Type of Facility: Center [] OST [] Day [X] Family [X] University [] Night [] Group []
Physical Address: 1262 CHARMAINE CIRCLE E. MOBILE, AL 36605	Mailing Address:
Telephone Number: (251) 301-3867	Licensee: CHARLOTTE COX
Capacity: 0	Director:
Age Range: 6 Weeks to 5 Years	Date Prepared: 10/24/2023

SECTION B - BASIS FOR PLAN OF CORRECTION

List each deficiency and/or attach deficiency report(s)

Deficiency Summary
Failed - Application, Staff Checklist Failed - Photo ID Verification, Staff Checklist Failed - Medical, Staff Checklist Failed - TB Test Date and Results, Staff Checklist Failed - Written Verification of Standards Read, Staff Checklist Failed - Health and Safety Training, Staff Checklist Failed - Ongoing Training, Staff Checklist Failed - Written Verification of Standards Read, Staff Checklist Failed - Ongoing Training, Staff Checklist Failed - Medical, Staff Checklist Failed - Application, Staff Checklist Failed - Photo ID Verification, Staff Checklist Failed - TB Test Date and Results, Staff Checklist Failed - Written Verification of Standards Read, Staff Checklist Failed - Health and Safety Training, Staff Checklist Failed - Application, Staff Checklist Failed - Photo ID Verification, Staff Checklist Failed - References, Staff Checklist Failed - Health and Safety Training, Staff Checklist Failed - Medical, Staff Checklist Failed - TB Test Date and Results, Staff Checklist

PLAN OF CORRECTION (continued)

Facility Name: TEE TEE'S LITTLE ANGEL	Date Prepared: 10/24/2023
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SECTION C – PLAN OF CORRECTION

List plan below with dates to be corrected for each deficiency.

Deficiency Plan of Correction	Date to be completed
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SECTION D

NOTICE: Any misleading or any false statements or reports made to the

Department and/or failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of Performance Standards. A facility licensed by the Department must always meet Performance Standards applicable to that facility. It is the responsibility of the licensee to operate in compliance with Performance Standards.

By signing this Plan of Correction, the facility's representative agrees to correct these violations by the date indicated. Continued failure to maintain Performance Standards may result in further adverse action.

Signature of Facility's Representative:	Date:
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