

## Plan of Correction

### SECTION A - IDENTIFYING INFORMATION

Facility Name: DALIA & COMPANY	Type of Facility:    Center [ ] OST [ ] Day [X]                    Family [X] University [ ] Night [ ]                    Group [ ]
Physical Address: 2808 INCA COURT MOBILE, AL 36693	Mailing Address:
Telephone Number: (251) 661-5016	Licensee: KRISTI REIMER
Capacity: 0	Director:
Age Range: 5 Weeks to 12 Years	Date Prepared: 04/02/2025

### SECTION B - BASIS FOR PLAN OF CORRECTION

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

<b>Deficiency Summary</b>
Failed - Verification of Education, Staff Checklist Failed - Written verification of Emergency Procedures, Staff Checklist Failed - Photo ID Verification, Staff Checklist Failed - Infant -Child CPR Certification, Staff Checklist Failed - Infant -Child First Aid Certificate, Staff Checklist Failed - References, Staff Checklist Failed - Written Verification of Standards Read, Staff Checklist Failed - Written verification of Emergency Procedures, Staff Checklist Failed - Photo ID Verification, Staff Checklist Failed - Substitutes/caregivers informed of responsibilities in case of an emergency, Inspection Form Failed - Licensee and each caregiver has current infant-child CPR and first aid certificate copies on file in home, Inspection Form Failed - Record for licensee/household member, Inspection Form Failed - Records for caregivers/substitutes, Inspection Form

### PLAN OF CORRECTION (continued)

Facility Name: DALIA & COMPANY	Date Prepared: 04/02/2025
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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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