

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: JANET M. WOMACK	Type of Facility: Center [] OST [] Day [X] Family [X] University [] Night [X] Group []
Physical Address: 420 LITTLE FLOWER AVE MOBILE, AL 36606	Mailing Address:
Telephone Number: (251) 478-1887	Licensee: JANET WOMACK
Capacity: 10	Director:
Age Range: 4 Weeks to 4 Years 4 Days to 4 Days	Date Prepared: 04/04/2025

SECTION B - BASIS FOR PLAN OF CORRECTION

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

Deficiency Summary
Failed - Licensee and each caregiver has current infant-child CPR and first aid certificate copies on file in home, Inspection Form Failed - Current and complete emergency plans and procedures submitted to the Department, Inspection Form Failed - Each child signed in and signed out with a written signature or a biometric ID, Inspection Form Failed - Record for licensee/household member, Inspection Form Failed - Records for caregivers/substitutes, Inspection Form Failed - Application, Staff Checklist Failed - TB Test Date and Results, Staff Checklist Failed - Verification of Education, Staff Checklist Failed - Infant -Child CPR Certification, Staff Checklist Failed - Photo ID Verification, Staff Checklist Failed - Infant -Child First Aid Certificate, Staff Checklist Failed - Written verification of Emergency Procedures, Staff Checklist Failed - Written Verification of Standards Read, Staff Checklist Failed - Application, Staff Checklist Failed - References, Staff Checklist Failed - Ongoing Training, 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: JANET M. WOMACK	Date Prepared: 04/04/2025
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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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