

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

### PLAN OF CORRECTION (continued)

Facility Name: JANET M. WOMACK	Date Prepared: 04/04/2025
--------------------------------	---------------------------

### SECTION C – PLAN OF CORRECTION

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

Deficiency Plan of Correction	Date to be completed
Plan of Correction for – Deficiency Scan in	04/11/2025
Plan of Correction for – Deficiency Scan	04/11/2025
Plan of Correction for – Deficiency Scan	04/11/2025

Plan of Correction for – Deficiency Scan	04/11/2025
Plan of Correction for – Deficiency Scan	04/11/2025
Plan of Correction for – Deficiency Scan	04/11/2025
Plan of Correction for – Deficiency Scan	04/11/2025
Plan of Correction for – Deficiency Scan	04/11/2025
Plan of Correction for – Deficiency Scan	04/11/2025
Plan of Correction for – Deficiency Scan	04/11/2025

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:
---	-------