

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

SECTION II - IDENTIFYING INFORMATION	
Facility Name: ETHEL HOFFMAN	Type of Facility: Center ☐ OST ☐ Day ☒ Family ☒ University ☐ Night ☐ Group ☐
Physical Address: 2291 CRYSTAL KEY MOBILE, AL 36695	Mailing Address: 2291 CRYSTAL KEY MOBILE, AL, 36695
Telephone Number: (251) 586-8789	Licensee: ETHEL HOFFMAN
Capacity: 5	Director:
Age Range: 6 Weeks to 12 Years	Date Prepared: 9/3/2026

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 - I will get a new medical done.	8/28/2026
Failed - Medical, Staff Checklist Plan of Action - They will get a new medical	8/28/2026
A staff member has an expired CA/N., Ad Hoc Plan of Action - I will have her complete another form to mail.	9/17/2026