

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

SECTION 1 - IDENTIFYING INFORMATION	
Facility Name: TEDDY BEARS CHILD CARE	Type of Facility: Center ☒ OST ☐ Day ☒ Family ☐ University ☐ Night ☒ Group ☐
Physical Address: 3763 DAUPHIN ISLAND PKWY. MOBILE, AL 36605	Mailing Address: P.O. BOX 7503 MOBILE, AL, 36670
Telephone Number: (251) 478-1441	Licensee: ARNETTA CRAIG
Capacity: 112	Director:
Age Range: 6 Weeks to 17 Years 6 Weeks to 17 Weeks	Date Prepared: 9/15/2026

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 - TB Test Date and Results, Staff Checklist Plan of Action - Staff will get their TB test completed.	10/6/2026
Failed - TB Test Date and Results, Staff Checklist Plan of Action - Staff will get their TB test completed.	10/6/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - Staff will complete training.	10/6/2026
Failed - Verification of Education, Staff Checklist Plan of Action - Staff will bring in Verification of Education.	10/6/2026