Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: TRACY'S LITTLE ONES HOME DAY CARE	Type of Facility: Center [ ] OST [ ] Day [X] Family [X] University [ ] Night [ ] Group [ ]
Physical Address: 4775 NOBLE DR. EAST MOBILE, AL 36619	Mailing Address:
Telephone Number: (251) 751-0477	Licensee: TRACY KELLY
Capacity: 0	Director:
Age Range: 6 Weeks to 6 Years	Date Prepared: 04/11/2024

SECTION B - BASIS FOR PLAN OF CORRECTION
List each deficiency and/or attach deficiency report(s)

Deficiency Summary
There were no deficiencies observed on visit on 04/23/2025,, Ad Hoc

PLAN OF CORRECTION **(continued)**

Facility Name: TRACY'S LITTLE ONES HOME DAY CARE	Date Prepared: 04/11/2024

SECTION C – PLAN OF CORRECTION
List plan below with dates to be corrected for each deficiency.

Deficiency Plan of Correction	Date to be completed

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: