

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: TAMEKA PETTWAY	Type of Facility: Center [] OST [] Day [X] Family [X] University [] Night [X] Group []
Physical Address: 668 ELBA AVE WHISTLER, AL 36612	Mailing Address:
Telephone Number: (251) 301-2711	Licensee: TAMEKA PETTWAY
Capacity: 5	Director:
Age Range: 4 Years to 12 Years	Date Prepared: 12/20/2024

SECTION B - BASIS FOR PLAN OF CORRECTION

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

Deficiency Summary
Failed - Medical, Staff Checklist Failed - Infant -Child CPR Certification, Staff Checklist Failed - Infant -Child First Aid Certificate, Staff Checklist Failed - Written verification of Emergency Procedures, Staff Checklist Three cots are not available for napping., Ad Hoc

PLAN OF CORRECTION (continued)

Facility Name: TAMEKA PETTWAY	Date Prepared: 12/20/2024
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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

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: