

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: SKIPCARE EARLY LEARNING CENTER	Type of Facility: Center <input checked="" type="checkbox"/> OST <input type="checkbox"/> Day <input checked="" type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Night <input type="checkbox"/> Group <input type="checkbox"/>
Physical Address: 309 S Pine St Greenville, AL 36037	Mailing Address:
Telephone Number: (334) 371-7547	Licensee: LAURA SKIPPER
Capacity: 29	Director:
Age Range: 6 Weeks to 4 Years	Date Prepared: 5/12/2026

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
APPARENT HAZARDS, Allegation Plan of Action - Painting window seals	5/16/2026
On 5/12/26 there was peeling paint in the facility., Ad Hoc Plan of Action - Has been corrected	5/12/2026
Failed - Medical, Staff Checklist Plan of Action - Employee will go get a medical	5/22/2026
Failed - TB Test Date and Results, Staff Checklist Plan of Action - Employee will get a TB test	5/22/2026
Failed - Verification of Education, Staff Checklist Plan of Action - Gather education from employee	5/13/2026
Failed - References, Staff Checklist Plan of Action - Get Employee references	5/13/2026