

## Plan of Correction

### SECTION A - IDENTIFYING INFORMATION

Facility Name: KIDZ PLACE	Type of Facility: Center [ ] OST [ ] Day [X] Family [X] University [ ] Night [ ] Group [ ]
Physical Address: 1115 ELM STREET ALICEVILLE, AL 35442	Mailing Address:
Telephone Number: 2053933874	Licensee: MISA WALKER
Capacity: 6	Director:
Age Range: 1 Weeks to 10 Years	Date Prepared: 5/29/2026

### 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 - Suitability Determination (Every 5 years), Staff Checklist Plan of Action - Incorrect form was accidentally completed. Appointment for corrected application 5/30/2026.	6/5/2026
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