

## Plan of Correction

### SECTION A - IDENTIFYING INFORMATION

Facility Name: OAKLAND HEIGHTS TROY HEAD START 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: 201 LAKE AVENUE TROY, AL 36081	Mailing Address: 507 N THREE NOTCH ST., TROY, AL, 36081
Telephone Number: (334) 566-6959	Licensee: ORGANIZED COMMUNITY ACTION PROGRAM INC
Capacity: 0	Director:
Age Range: 3 Years to 5 Years	Date Prepared: 03/07/2025

### SECTION B - BASIS FOR PLAN OF CORRECTION

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

<b>Deficiency Summary</b>
There are no deficiencies noted on this visit., Ad Hoc

### PLAN OF CORRECTION (continued)

Facility Name: OAKLAND HEIGHTS TROY HEAD START CENTER	Date Prepared: 03/07/2025
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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
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### 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:
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