

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: CRADLE 2 CRAYONS, INC.	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: 507 WEST ROSE AVENUE FOLEY, AL 36535	Mailing Address: 507 WEST ROSE AVENUE FOLEY, AL, 36535
Telephone Number: (251) 943-4599	Licensee: CRADLE 2 CRAYONS, INC.
Capacity: 104	Director: SUSAN RENEE BLACK
Age Range: 6 Weeks to 12 Years	Date Prepared: 6/5/2026

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 - Exposed electrical outlets have protective covers, Inspection Form Plan of Action - Corrected during visit	6/5/2026