

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: 1234 WATCH US GROW	Type of Facility: Center [] OST [] Day [X] Family [] University [] Night [X] Group [X]
Physical Address: 509 EAST OAK STREET ATMORE, AL 36502	Mailing Address:
Telephone Number: (251) 769-0006	Licensee: MARKITA BROWN
Capacity: 24	Director:
Age Range: 0 Weeks to 12 Years 0 Weeks to 12 Years	Date Prepared: 6/23/2026

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 - Ongoing Training, Staff Checklist Plan of Action - We are signed up for classes to complete training,	7/10/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - We are signed up for classes to complete training,	7/10/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - We are signed up for classes to complete training,	7/10/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - We are signed up for classes to complete training,	7/10/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - We are signed up for classes to complete training,	7/10/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - We are signed up for classes to complete training,	7/10/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - We are signed up for classes to complete training,	7/10/2026