

## Plan of Correction

### SECTION A - IDENTIFYING INFORMATION

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| Facility Name:<br>SUNRISE DAYCARE CENTER                   | Type of Facility:    Center [ ] OST [ ]<br>Day [X]                    Family [X] University [ ]<br>Night [X]                   Group [ ] |
| Physical Address:<br>816 HENCKLEY AVE.<br>MOBILE, AL 36609 | Mailing Address:<br>816 HENCKLEY AVE.<br>MOBILE, AL, 36609   |
| Telephone Number: (251) 264-0711                           | Licensee: RENESHIA TAYLOR  |
| Capacity: 12   | Director:  |
| Age Range:<br>6 Weeks to 12 Years<br>6 Weeks to 12 Years   | Date Prepared: 6/24/2026   |

### 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<br>Plan of Action - SHE WILL GET THE CORRECT BACKGROUND COMPLETE | 7/24/2026            |
| Failed - Suitability Determination (Every 5 years), Staff Checklist<br>Plan of Action - WE ARE WAITING FOR HIS TO BE RETURNED        | 7/9/2026             |