

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: SHARON L WILLIAMS	Type of Facility: Center [] OST [] Day [X] Family [X] University [] Night [] Group []
Physical Address: 2009 REGENT ROAD PRATTVILLE, AL 36066	Mailing Address:
Telephone Number: (334) 380-1830	Licensee: SHARON L WILLIAMS
Capacity: 6	Director:
Age Range: 12 Weeks to 5 Years	Date Prepared: 6/3/2026

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 - I will get the correct suitability letter.	7/15/2026