

### Plan of Correction

**SECTION A - IDENTIFYING INFORMATION**

Facility Name: LAURENS LITTLE BLESSINGS	Type of Facility: Home [ ] OST [ ] Day [X] Family [X] University [ ] Night [ ] Group [ ]
Physical Address: 217 ROWAN STREET MERIDIANVILLE, AL 35759	Mailing Address: 217 ROWAN STREET MERIDIANVILLE, AL, 35759
Telephone Number: (256) 424-5757	Licensee: LAUREN MORGAN
Capacity: 12	Director:
Age Range: 12 Months to 12 Years	Date Prepared: 7/1/2026

**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 - CA/N Clearance Form (Every Five Years), Staff Checklist Plan of Action - Im sending Mychal can form off today. Hopefully it will return in 2-3 weeks or by 7-15-26	7/15/2026