

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: ANNIE LEE'S DAY CARE	Type of Facility: Center [] OST [] Day [X] Family [] University [] Night [X] Group [X]
Physical Address: 316 JEFFERSON AVENUE BESSEMER, AL 35020	Mailing Address:
Telephone Number: (205) 426-2279	Licensee: INGER HOLLOWAY
Capacity: 24	Director:
Age Range: 0 Weeks to 12 Years 0 Weeks to 12 Years	Date Prepared: 6/25/2026

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 - Preadmission Form, Child Checklist Plan of Action - Corrected	6/25/2026
Failed - Preadmission Form, Child Checklist Plan of Action - Corrected 06/25/2026	6/25/2026
Failed - Preadmission Form, Child Checklist Plan of Action - Corrected	6/25/2026
Failed - Preadmission Form, Child Checklist Plan of Action - Corrected	6/25/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - To be correct	6/29/2026
Failed - Preadmission Form, Child Checklist Plan of Action - Corrected	6/26/2026
Failed - Preadmission Form, Child Checklist Plan of Action - Corrected	6/26/2026