

## Plan of Correction

### SECTION A - IDENTIFYING INFORMATION

Facility Name: MRS. GOLI MAZAHERI'S HOME DAY CARE	Type of Facility: Center [ ] OST [ ] Day [X] Family [X] University [ ] Night [ ] Group [ ]
Physical Address: 655 SCOTTWOODS DRIVE AUBURN, AL 36830	Mailing Address: 655 SCOTTWOODS DRIVE AUBURN, AL, 36830
Telephone Number: (334) 740-2399	Licensee: GOLNAZ MAZAHERI
Capacity: 6	Director:
Age Range: 6 Weeks to 10 Years	Date Prepared: 7/2/2026

### 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 - Immunization Certificate, Child Checklist Plan of Action - The parents will update immunization certificate on Wednesday, July 08, 2026.	7/23/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - The parents will update immunization certificate on Wednesday, July 08, 2026.	7/23/2026
Failed - Electrical outlets covered, Inspection Form Plan of Action - Corrected on date of visit.	7/2/2026
Failed - Outdoor play area and equipment free from apparent hazards, Inspection Form Plan of Action - The fence will be fix.	7/23/2026
Failed - Daily schedule posted that includes 60 minutes of physical activity, Inspection Form Plan of Action - I will post my schedule.	7/23/2026