

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: SHERWOOD FOREST CHILD CARE #3	Type of Facility: Center <input checked="" type="checkbox"/> OST <input type="checkbox"/> Day <input checked="" type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Night <input type="checkbox"/> Group <input type="checkbox"/>
Physical Address: 2525 HOSPITAL DRIVE NORTHPORT, AL 35476	Mailing Address:
Telephone Number: (205) 333-1110	Licensee: BUTLER'S CHILD CARE, INC.
Capacity: 99	Director: ANN BUTLER
Age Range: 3 Weeks to 6 Years	Date Prepared: 6/17/2026

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 - Get parent to sign	6/30/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - Child has appt on June 19	6/30/2026
Failed - Medical, Staff Checklist Plan of Action - Get medical	6/30/2026