

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

SECTION 1 - IDENTIFYING INFORMATION	
Facility Name: VANESSA SUGGS	Type of Facility: Center [] OST [] Day [X] Family [X] University [] Night [] Group []
Physical Address: 1602 LYNDDLE ROAD MONTGOMERY, AL 36107	Mailing Address: 1602 LYNDDLE ROAD MONTGOMERY, AL, 36107
Telephone Number: (334) 262-3368	Licensee: VANESSA SUGGS
Capacity: 6	Director:
Age Range: 0 Weeks to 12 Years	Date Prepared: 7/10/2026

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 - Ongoing Training, Staff Checklist Plan of Action - complete all trainings	6/10/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - complete all trainings	6/10/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - complete all trainings	6/10/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - complete all trainings	6/10/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Plan of Action - GET NEW SUITABILITY LETTER	7/10/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Plan of Action - GET NEW SUITABILITY LETTER	7/10/2026
07/10/2026 Cough & Mucus medication not under lock & key or combination lock., Ad Hoc Plan of Action - Lock up medication	7/10/2026