Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: GUARDIAN LIL ANGEL	Type of Facility: Center [X] OST [ ] Day [X] Family [ ] University [ ] Night [ ] Group [ ]
Physical Address: 1001 E. SECOND STREET SHEFFIELD, AL 35660	Mailing Address: 1001 E. SECOND STREET SHEFFIELD, AL, 35660
Telephone Number: (256) 702-6390	Licensee: PAMELA EALY
Capacity: 48	Director: ERICA L ARMSTEAD
Age Range: 12 Months to 11 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 - Infant -Child CPR Certification, Staff Checklist Plan of Action - I HAD CALL HEALTHY CHILDCARE ALABAMA AND WILL HAVE CPR COMPLETE BY 7/24/26	7/24/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist Plan of Action - I HAD CALL HEALTHY CHILDCARE ALABAMA AND WILL HAVE CPR COMPLETE BY 7/24/26	7/24/2026
Failed - Medical, Staff Checklist Plan of Action - IT WILL BE CPMPLETE AND UPLOAD TO ARISE BY 7/24/26	7/24/2026
Failed - Child care workers/teachers/subs meet requirements for Health & Safety training, Inspection Form Plan of Action - ALL STAFF WILL HAVE ALL HEATHY AND SAFETY TRAINING BY 07/24/2026	7/24/2026
Failed - Records on file at time of employment, Inspection Form Plan of Action - ALL FOATER GRANDPARENTS WILL HAVE THEIR COMPLETE FILES UPLOAD TO ARISE BY 7/24/26	7/24/2026
Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form Plan of Action - I HAD CALL HEALTHY CHILDCARE ALABAMA AND WILL HAVE CPR COMPLETE BY 7/24/26	7/24/2026