Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: SOUTH SHELBY EARLY LEARNING CENTER	Type of Facility: Center [X] OST [ ] Day [X] Family [ ] University [ ] Night [ ] Group [ ]
Physical Address: 1757 14TH STREET CALERA, AL 35040	Mailing Address:
Telephone Number: (205) 668-1486	Licensee: SOUTH SHELBY EARLY LEARNING CENTER
Capacity: 142	Director: WENDY PIERCE
Age Range: 6 Weeks to 12 Years	Date Prepared: 7/14/2026

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 - Waterproof mattress, sheets, Classroom Checklist / Nursery Plan of Action - We will replace the mattress.	7/28/2026
Failed - Waterproof mattress, sheets, Classroom Checklist / Wobblers Plan of Action - will replace mattress	7/28/2026
Failed - Hazardous substances locked, Classroom Checklist / Toddler A Plan of Action - Hazardous substances were locked and corrected on day of visit	7/14/2026
Failed - Indoor thermometer (child safe), Classroom Checklist / Prek 5 Purple Plan of Action - Corrected: Indoor thermometer was placed in classroom next to the door on the day of the visit	7/14/2026
Failed - Medical, Staff Checklist Plan of Action - Spoke with teacher and requested the necessary documents for medical.	7/28/2026
Failed - TB Test Date and Results, Staff Checklist Plan of Action - Spoke with teacher and requested the necessary documents for TB testing.	7/28/2026
Failed - Medical, Staff Checklist Plan of Action - Contacted said teacher and informed her that she needed to get a physical.	7/28/2026
Failed - Medical, Staff Checklist Plan of Action - Informed teacher that we needed an updated physical/med form.	7/28/2026

Failed - Medical, Staff Checklist Plan of Action - Contacted teacher and told her we need a copy of her medical form	7/28/2026
Failed - TB Test Date and Results, Staff Checklist Plan of Action - Informed teacher that we need a copy of her results of her TB test.	7/28/2026
Failed - Verification of Education, Staff Checklist Plan of Action - Contacted teacher and requested a copy of diploma.	7/28/2026
Failed - Medical, Staff Checklist Plan of Action - Spoke with said teacher about having a physical done.	7/28/2026
Failed - TB Test Date and Results, Staff Checklist Plan of Action - Spoke with teacher, she had a TB test done last Wednesday, will call doctor tomorrow to fax or email the results to us.	7/28/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Plan of Action - Mailed off paperwork to get an updated C/AN form.	7/28/2026
Failed - Expressed human milk sent in container labeled with infant's full name/date, and specific written instructions on how to prepare, store, and use, Inspection Form Plan of Action - Corrected: teacher labeled the milk with name and date. Corrected on the day of visit.	7/14/2026
Failed - Medication administered only with written authorization from parent and child's health professional, Inspection Form Plan of Action - We will make sure that both a health professional letter and a signed med form is on file before any meds or creams or administered to a child.	7/28/2026
Failed - Time and date medication is given is documented in writing, kept in child's file/copies available to parents upon request, Inspection Form Plan of Action - We will make sure that a med form is properly filled out with time and date of medication given and a copy is kept on file and ready and available for parent to request.	7/28/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Plan of Action - Teacher has an appointment to have her fingerprints done on 07/15/2026 at 10:10 am.	7/28/2026