

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: LITTLE SUNSHINE DAY & AFTER SCHOOL CARE	Type of Facility: Center [] OST [] Day [X] Family [X] University [] Night [] Group []
Physical Address: 3601 JONQUIL DR HUNTSVILLE, AL 35810	Mailing Address:
Telephone Number: (256) 945-5895	Licensee: TRICIA REID
Capacity: 12	Director:
Age Range: 2 Weeks to 10 Years	Date Prepared: 8/5/2026

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 - I will have addresses complete on form by 8-19-26	8/19/2026
Failed - Preadmission Form, Child Checklist Plan of Action - I will have mom do a form by 8-19-26	8/19/2026
Failed - Preadmission Form, Child Checklist Plan of Action - I will have addresses complete on form by 8-19-26	8/19/2026
Failed - Preadmission Form, Child Checklist Plan of Action - I will have addresses complete on form by 8-19-26	8/19/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - I will have parent get a updated blue card by 8-19-26	8/19/2026
Failed - Home free of apparent hazardous conditions, Inspection Form Plan of Action - I removed have paint locked up by 8-19-26	8/19/2026
Failed - Dangerous substances locked, Inspection Form Plan of Action - I will locked my laundry area doors by 8-19-26	8/19/2026
Failed - Record for licensee/household member, Inspection Form Plan of Action - I will get a tb and medical on my cousin by 8-19-26	8/19/2026
Failed - Certificate of rabies vaccination, Inspection Form Plan of Action - I will find my dogs shot record and submitted by 8-19-26	8/19/2026