

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: NEW FELLOWSHIP LEARNING CENTER	Type of Facility: Center ☒ OST ☐ Day ☒ Night ☐ Family ☐ University ☐ Group ☐
Physical Address: 17535 LITTLE ROCK RD FOLEY, AL 36535	Mailing Address: P.O. BOX 1285 FOLEY, AL, 36535-____
Telephone Number: (251) 943-1168	Licensee: NEW FELLOWSHIP LEARNING CENTER
Capacity: 48	Director: LINDA ENGLISH
Age Range: 6 Weeks to 12 Years	Date Prepared: 8/14/2026

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 - Suitability Determination (Every 5 years), Staff Checklist Plan of Action - I had to redo her Back ground check. Waiting on Sutiability letter	7/28/2026
Failed - Preadmission Form, Child Checklist Plan of Action - Have been corrected	7/24/2026
Upon arrival there were 6 infants in the classroom with one staff., Ad Hoc Plan of Action - Corrected during visit	8/14/2026
Disinfecting wipes on shelf in infant classroom., Ad Hoc Plan of Action - Corrected during visit.	8/14/2026