

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: SUSAN HAMMETT	Type of Facility: Center [] OST [] Day [X] Family [] University [] Night [] Group [X]
Physical Address: 6008 MEDDERS STREET ANNISTON, AL 36206	Mailing Address: 6008 MEDDERS STREET ANNISTON, AL, 36206
Telephone Number: (256) 820-5176	Licensee: SUSAN HAMMETT
Capacity: 12	Director:
Age Range: 6 Weeks to 6 Years	Date Prepared: 8/18/2026

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 - Registered for fingerprinting.	9/1/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Plan of Action - Request new CA/N	9/1/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Plan of Action - Registered for fingerprinting	9/1/2026