

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: CONNIE 'S HOME DAYCARE	Type of Facility: Center [] OST [] Day [X] Family [] University [] Night [] Group [X]
Physical Address: 122 GARFIELD DRIVE JASPER, AL 35504	Mailing Address:
Telephone Number: (205) 522-5509	Licensee: CONNIE ALEXANDER
Capacity: 12	Director:
Age Range: 1 Years to 12 Years	Date Prepared: 8/19/2026

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 - Written verification of Emergency Procedures, Staff Checklist Plan of Action - I will have my subs sign verification form by 9-02-2026.	9/2/2026
Failed - Written Verification of Standards Read, Staff Checklist Plan of Action - I will have my subs sign verification form by 9-02-2026.	9/2/2026
Failed - Written verification of Emergency Procedures, Staff Checklist Plan of Action - I will have my subs sign verification form by 9-02-2026.	9/2/2026
Failed - Written Verification of Standards Read, Staff Checklist Plan of Action - I will have my subs sign verification form by 9-02-2026.	9/2/2026