

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: ORRIS'S ABC'S & 123'S	Type of Facility: Center ☐ OST ☐ Day ☒ Night ☐ Family ☐ University ☐ Group ☒
Physical Address: 1411 FIFTH AVENUE NORTH BESSEMER, AL 35020	Mailing Address: 1411 FIFTH AVENUE NORTH BESSEMER, AL, 35020
Telephone Number: (205) 428-5310	Licensee: ORRIS LEVINS
Capacity: 12	Director:
Age Range: 0 Weeks to 14 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 - Preadmission Form, Child Checklist Plan of Action - THE PARENT WILL COMPLETE THE PREADMISSION FORM.	9/2/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - The parent will submit the required immunization form.	9/2/2026
Failed - Preadmission Form, Child Checklist Plan of Action - The parent will correct the preadmission form.	9/2/2026