

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: HAPPY FACES CHILD DEV. CENTER	Type of Facility: Center ☒ OST ☐ Day ☒ Night ☐ Family ☐ University ☐ Group ☐
Physical Address: 15 E. S ST MONTGOMERY, AL 36104	Mailing Address: 614 WESLEY DR. MONTGOMERY, AL, 36104-____
Telephone Number: (334) 593-9993	Licensee: CARRIE MOORE
Capacity: 29	Director: CARRIE MOORE
Age Range: 6 Weeks to 12 Years	Date Prepared: 8/25/2026

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 - Immunization Certificate, Child Checklist Plan of Action - plan to have	9/8/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - plan to fix	9/8/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - plan to fix	9/8/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - plan to fix	9/8/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - plan to fix	9/8/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - plan to fix	9/8/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - plan to fix	9/8/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - plan to fix	9/8/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - plan to fix	9/30/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - plan to fix	9/30/2026