

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: HEAVENLY SENT LEARNING CENTER INC.	Type of Facility: Center ☒ OST ☐ Day ☒ Family ☐ University ☐ Night ☒ Group ☐
Physical Address: 12710 COUNTY ROAD 65 FOLEY, AL 36535	Mailing Address:
Telephone Number: (251) 970-3324	Licensee: ARLENE F. TROTTER
Capacity: 228	Director: ARLENE TROTTER
Age Range: 6 Weeks to 14 Years 6 Weeks to 14 Years	Date Prepared: 7/22/2026

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 - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form Plan of Action - Corrected during visit	9/1/2026
Failed - Second staff available when 7 or more children present/required ratios met, Inspection Form Plan of Action - Corrected during visit	9/1/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Plan of Action - Waiting on form to return in the mail	9/15/2026