

## Plan of Correction

### SECTION A - IDENTIFYING INFORMATION

|                                                             |                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility Name:<br>TRUE LIGHT COMMUNITY CHURCH<br>DAYCARE    | Type of Facility:    Center <input checked="" type="checkbox"/> OST <input type="checkbox"/><br>Day <input checked="" type="checkbox"/><br>Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/><br>Group <input type="checkbox"/> |
| Physical Address:<br>900 MAIN AVENUE<br>SYLACAUGA, AL 35150 | Mailing Address:<br>P O BOX 2634<br>SYLACAUGA, AL, 35150                                                                                                                                                                                                                        |
| Telephone Number: (256) 249-3444                            | Licensee: TRUE LIGHT COMMUNITY CHURCH<br>DAYCARE                                                                                                                                                                                                                                |
| Capacity: 29                                                | Director:                                                                                                                                                                                                                                                                       |
| Age Range:<br>6 Weeks to 12 Years                           | Date Prepared: 7/29/2026                                                                                                                                                                                                                                                        |

### 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| On July 29, 2026, upon arrival of DHR representative, the Preschool/School classroom was unsupervised. 8 sleeping children and no staff present, Ad Hoc<br>Plan of Action - Teacher when back to classroom              | 7/29/2026            |
| On July 29, 2026, upon arrival of DHR representative, the Toddler classroom was unsupervised. 7 sleeping children and no staff present, Ad Hoc<br>Plan of Action - Teacher when back to classroom                       | 7/29/2026            |
| On July 29, 2026, upon arrival of DHR representative, the Infant classroom ( 6 weeks - 24 months) was unsupervised. 7 sleeping children and no staff present, Ad Hoc<br>Plan of Action - Teacher when back to classroom | 7/29/2026            |
| On July 29, 2026, in the 6 weeks - 24 months room, an infant was asleep in a swing, Ad Hoc<br>Plan of Action - Place the infant in the crib                                                                             | 7/29/2026            |