Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: HOOPER CHILD CARE & EARLY LEARNING CTR	Type of Facility: Center [X] OST [ ] Day [X] Family [ ] University [ ] Night [ ] Group [ ]
Physical Address: 360 FISCHER ROAD HOPE HULL, AL 36043	Mailing Address:
Telephone Number: (334) 288-2770	Licensee: WEST MONTGOMERY EDUCATIONAL FOUNDATION
Capacity: 232	Director: STACY GOODIN
Age Range: 6 Weeks to 14 Years	Date Prepared: 8/6/2026

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 - SHOT RECORDS	8/28/2026
Failed - Medical, Staff Checklist Plan of Action - termination	8/27/2026
Failed - TB Test Date and Results, Staff Checklist Plan of Action - termnation	8/27/2026
Failed - Verification of Education, Staff Checklist Plan of Action - termination	8/27/2026