

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

SECTION II - IDENTIFYING INFORMATION	
Facility Name: SHIRLEY ALLEN	Type of Facility: Center [] OST [] Day [X] Family [X] University [] Night [X] Group []
Physical Address: 4015 WRIGHT CIRCLE RAINBOW CITY, AL 35906	Mailing Address: 4015 WRIGHT CIRCLE RAINBOW CITY, AL, 35906
Telephone Number: (256) 442-1192	Licensee: SHIRLEY ALLEN
Capacity: 12	Director:
Age Range: 6 Weeks to 12 Years 6 Weeks to 12 Years	Date Prepared: 9/2/2026

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 - Ask parent to fill it out.	9/16/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - Request from parent.	9/16/2026
Failed - Infant -Child CPR Certification, Staff Checklist Plan of Action - Schedule training.	9/16/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist Plan of Action - Schedule training	9/2/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Plan of Action - Look for missing letter or request new letter.	9/16/2026
Failed - Infant -Child CPR Certification, Staff Checklist Plan of Action - Schedule training.	9/16/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist Plan of Action - Schedule training.	9/16/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Plan of Action - Search for missing letter or schedule fingerprinting again.	9/16/2026
Failed - Each child signed in and signed out with a written signature or a biometric ID, Inspection Form Plan of Action - Have parent sign in.	9/3/2026