

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: SHERRIE TATE	Type of Facility: Center ☐ OST ☐ Day ☒ Family ☒ University ☐ Night ☐ Group ☐
Physical Address: 1704 ROCKY BROOK ROAD OPELIKA, AL 36801	Mailing Address: 1704 ROCKY BROOK ROAD OPELIKA, AL, 36801
Telephone Number: (334) 749-0020	Licensee: SHERRIE TATE
Capacity: 6	Director:
Age Range: 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 - Medical, Staff Checklist Plan of Action - I will obtain a current medical form.	9/16/2026
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