

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: NORTH SUMTER DAY CARE CENTER, INC.	Type of Facility: Center ☒ OST ☐ Day ☒ Family ☐ University ☐ Night ☐ Group ☐
Physical Address: 3585 COUNTY ROAD 34 PANOLA, AL 35477	Mailing Address: P. O. BOX 53 PANOLA, AL, 35477-____
Telephone Number: (205) 455-2895	Licensee: NORTH SUMTER DAY CARE CENTER, INC.
Capacity: 29	Director: CALLIE MOSS
Age Range: 6 Weeks to 5 Years	Date Prepared: 9/15/2026

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 - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Plan of Action - fix vines	9/15/2026
Failed - Photo ID Verification, Staff Checklist Plan of Action - plan to fix	9/16/2026
Failed - References, Staff Checklist Plan of Action - plan to fix	9/16/2026
Failed - Photo ID Verification, Staff Checklist Plan of Action - plan to fix	9/16/2026
Failed - References, Staff Checklist Plan of Action - plan to fix	9/16/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - plan to fix	9/23/2026
Failed - Photo ID Verification, Staff Checklist Plan of Action - plan to fix	9/16/2026
Failed - Photo ID Verification, Staff Checklist Plan of Action - plan to fix	9/16/2026
Failed - Photo ID Verification, Staff Checklist Plan of Action - plan to fix	9/16/2026
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