

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

SECTION 1 - IDENTIFYING INFORMATION	
Facility Name: ALICE M GLOVER	Type of Facility: Center [] OST [] Day [X] Family [X] University [] Night [] Group []
Physical Address: 5616 E SHADES VALLEY DR MONTGOMERY, AL 36108	Mailing Address: 5616 E SHADES VALLEY DR MONTGOMERY, AL, 36108
Telephone Number: (334) 281-2754	Licensee: ALICE GLOVER
Capacity: 12	Director:
Age Range: 0 Weeks to 10 Years	Date Prepared: 9/18/2026

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 - GET A NEW MEDICAL	10/9/2026
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