

Plan of Correction

SECTION A - 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: 9/22/2026

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
One staff/household member does not have a current suitability letter including CCDBG criteria., Ad Hoc Plan of Action - Already been fingerprinted; awaiting letter.	10/6/2026
One household member does not have a medical form/TB skin test on file., Ad Hoc Plan of Action - Make appointment.	10/6/2026