

## Plan of Correction

## SECTION A - IDENTIFYING INFORMATION

|                                                              |                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility Name:<br>HAPPY HAVEN DAYCARE L.L.C                  | Type of Facility:    Center <input type="checkbox"/> OST <input type="checkbox"/><br>Day <input checked="" type="checkbox"/><br>Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/><br>Group <input checked="" type="checkbox"/> |
| Physical Address:<br>504 S. HAWKINS AVE<br>LUVERNE, AL 36049 | Mailing Address:<br>504 S. HAWKINS AVE<br>LUVERNE, AL, 36049                                                                                                                                                                                                                    |
| Telephone Number: (334) 429-0934                             | Licensee: ANGELA STRICKLAND                                                                                                                                                                                                                                                     |
| Capacity: 12                                                 | Director:                                                                                                                                                                                                                                                                       |
| Age Range:<br>12 Months to 5 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 |
|---------------------------------------------------------------------------------------------------------------------|----------------------|
| Failed - Preadmission Form, Child Checklist<br>Plan of Action - COMPLETE MISSING DOCUMENTATION                      | 9/22/2026            |
| Failed - Preadmission Form, Child Checklist<br>Plan of Action - COMPLETE MISSING DOCUMENTATION                      | 9/22/2026            |
| Failed - Preadmission Form, Child Checklist<br>Plan of Action - COMPLETE MISSING DOCUMENTATION                      | 9/22/2026            |
| Failed - Written Verification of Standards Read, Staff Checklist<br>Plan of Action - COMPLETE MISSING DOCUMENTATION | 9/22/2026            |
| Failed - Written Verification of Standards Read, Staff Checklist<br>Plan of Action - COMPLETE MISSING DOCUMENTATION | 9/22/2026            |
| Failed - Health and Safety Training, Staff Checklist<br>Plan of Action - COMPLETE TRAINING                          | 10/7/2026            |