

## Plan of Correction

## SECTION A - IDENTIFYING INFORMATION

|                                                           |                                                                                                  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| SECTION 1 - IDENTIFYING INFORMATION                       |                                                                                                  |
| Facility Name:<br>SUGAR PLUM                              | Type of Facility: Center [ ] OST [ ]<br>Day [X] Family [ ] University [ ]<br>Night [ ] Group [X] |
| Physical Address:<br>144 LEE ROAD 449<br>AUBURN, AL 36832 | Mailing Address:<br>P O BOX 702<br>AUBURN, AL, 36831-_____                                       |
| Telephone Number: (334) 821-0963                          | Licensee: MINNIE ALLEN                                                                           |
| Capacity: 12                                              | Director:                                                                                        |
| Age Range:<br>6 Weeks to 12 Years                         | Date Prepared: 9/23/2026                                                                         |

## 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 - Immunization Certificate, Child Checklist<br>Plan of Action - I will get an updated immunization certificate.                                                                           | 10/7/2026            |
| Failed - Immunization Certificate, Child Checklist<br>Plan of Action - I will get an update immunization certificate.                                                                            | 10/7/2026            |
| Failed - Immunization Certificate, Child Checklist<br>Plan of Action - I will get an update immunization certificate.                                                                            | 10/7/2026            |
| Failed - Immunization Certificate, Child Checklist<br>Plan of Action - I will get an update immunization certificate.                                                                            | 10/7/2026            |
| Failed - Immunization Certificate, Child Checklist<br>Plan of Action - I will get an update immunization certificate.                                                                            | 10/7/2026            |
| On 09/23/2026, the day care was occupied with two workers who did not have the required documentations., Ad Hoc<br>Plan of Action - I will obtain the required documents from each staff member. | 10/7/2026            |