

## Plan of Correction

### SECTION A - IDENTIFYING INFORMATION

|                                                              |                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility Name:<br>SONSHINE MINISTRIES                        | Type of Facility: Center <input checked="" type="checkbox"/> OST <input type="checkbox"/><br>Day <input checked="" type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/><br>Night <input type="checkbox"/> Group <input type="checkbox"/> |
| Physical Address:<br>457 COUNTY ROAD 7<br>FLORENCE, AL 35633 | Mailing Address:<br>457 COUNTY ROAD 7<br>FLORENCE, AL, 35633                                                                                                                                                                                                              |
| Telephone Number: (256) 764-1988                             | Licensee: SONSHINE MINISTRIES OF ST. JOHN UMC                                                                                                                                                                                                                             |
| Capacity: 75                                                 | Director: MELANIE EDWARDS                                                                                                                                                                                                                                                 |
| Age Range:<br>6 Weeks to 11 Years                            | Date Prepared: 9/1/2026                                                                                                                                                                                                                                                   |

### 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 |
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| Failed - Indoor thermometer (child safe), Classroom Checklist / Upper Ones<br>Plan of Action - Replaced batteries                                                                                                                                                     | 9/2/2026             |
| Failed - Indoor thermometer (child safe), Classroom Checklist / Lower Ones<br>Plan of Action - Purchase thermometer and place in classroom                                                                                                                            | 9/16/2026            |
| Failed - Indoor thermometer (child safe), Classroom Checklist / School Age<br>Plan of Action - Placed thermometer in classroom                                                                                                                                        | 9/2/2026             |
| Failed - CA/N Clearance Form (Every Five Years), Staff Checklist<br>Plan of Action - Director will request CA/N form ASAP                                                                                                                                             | 9/16/2026            |
| Failed - CA/N Clearance Form (Every Five Years), Staff Checklist<br>Plan of Action - Director will request CA/N ASAP                                                                                                                                                  | 9/16/2026            |
| Failed - Health and Safety Training, Staff Checklist<br>Plan of Action - Staff will complete Health and Safety Training ASAP                                                                                                                                          | 9/16/2026            |
| Failed - Medical, Staff Checklist<br>Plan of Action - Staff will go get renewed physical                                                                                                                                                                              | 9/16/2026            |
| Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form<br>Plan of Action - Director will ensure enrollment of staff and uploading of documents. | 9/16/2026            |
| Failed - Medication administered only with written authorization from parent and child's health professional, Inspection Form<br>Plan of Action - Sent medication home with child as it was no longer                                                                 | 9/2/2026             |

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| needed. |  |
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