Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: SPROUT EARLY LEARNING CENTER	Type of Facility: Center [X] OST [ ] Day [X] Family [ ] University [ ] Night [ ] Group [ ]
Physical Address: 5327 ALABAMA HIGHWAY 93 BANKS, AL 36005	Mailing Address:
Telephone Number: (334) 905-0204	Licensee: TROY RESILIENCE PROJECT
Capacity: 0	Director: ELLEN Nichols DOSS
Age Range: 0 Years to 5 Years	Date Prepared: 07/19/2024

SECTION B - BASIS FOR PLAN OF CORRECTION
List each deficiency and/or attach deficiency report(s)

Deficiency Summary
There are no deficiencies noted on this visit., Ad Hoc

PLAN OF CORRECTION **(continued)**

Facility Name: SPROUT EARLY LEARNING CENTER	Date Prepared: 07/19/2024

SECTION C – PLAN OF CORRECTION
List plan below with dates to be corrected for each deficiency.

Deficiency Plan of Correction	Date to be completed

SECTION D

NOTICE: Any misleading or any false statements or reports made to the Department and/or failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of Performance Standards. A facility licensed by the Department must always meet Performance Standards applicable to that facility. It is the responsibility of the licensee to operate in compliance with Performance Standards.

By signing this Plan of Correction, the facility's representative agrees to correct these violations by the date indicated. Continued failure to maintain Performance Standards may result in further adverse action.

Signature of Facility's Representative:	Date: