

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

SECTION 1 - IDENTIFYING INFORMATION	
Facility Name: THE LITTLE LEARNING PLACE	Type of Facility: Center [] OST [] Day [X] Family [] University [] Night [] Group [X]
Physical Address: 106 FAIRLANE DRIVE EUFAULA, AL 36027	Mailing Address: P. O. BOX 1225 EUFAULA, AL, 36027-____
Telephone Number: (334) 687-3948	Licensee: SHELIA DAVIS
Capacity: 12	Director:
Age Range: 0 Weeks to 12 Years	Date Prepared: 9/29/2026

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 Plan of Action - PARENT COMPLETE MISSING DOCUMENTATION	10/10/2026
Failed - Preadmission Form, Child Checklist Plan of Action - PARENT COMPLETE MISSING DOCUMENTATION	10/10/2026
Failed - Medical, Staff Checklist Plan of Action - GET CURRENT MEDICAL FORM	10/16/2026
Failed - Application, Staff Checklist Plan of Action - COMPLETE THE 3RD PAGE	10/10/2026
Failed - Application, Staff Checklist Plan of Action - COMPLETE THE 3RD PAGE	10/10/2026
Failed - Medical, Staff Checklist Plan of Action - GET CURRENT MEDICAL FORM	10/16/2026
Failed - Preadmission Form, Child Checklist Plan of Action - PARENT COMPLETE MISSING DOCUMENTATION	10/10/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - GET ALABAMA CERTIFICATE	10/16/2026
Failed - Preadmission Form, Child Checklist Plan of Action - PARENT COMPLETE MISSING DOCUMENTATION	10/10/2026