Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: SKIPCARE, LLC.	Type of Facility: Center [X] OST [ ] Day [X] Family [ ] University [ ] Night [ ] Group [ ]
Physical Address: 309 S Pine St Greenville, AL 36037	Mailing Address:
Telephone Number: (334) 371-7547	Licensee: LAURA SKIPPER
Capacity: 34	Director: LAURA SKIPPER
Age Range: 6 Weeks to 4 Years	Date Prepared: 10/2/2026

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 - Hazardous substances locked, Classroom Checklist / PreSchool Plan of Action - LOCK UP ALL HAZARDS	10/2/2026
Failed - Hazardous substances locked, Classroom Checklist / Toddler Room Plan of Action - LOCK UP ALL HAZARDS	10/2/2026