Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: VILLAGE OF PROMISE	Type of Facility: Center [X] OST [ ] Day [X] Family [ ] University [ ] Night [ ] Group [ ]
Physical Address: 2700 FAIRBANKS STREET HUNTSVILLE, AL 35816	Mailing Address: P O BOX 18637 HUNTSVILLE, AL, 35804-____
Telephone Number: (256) 536-8052	Licensee: VILLAGE OF PROMISE
Capacity: 82	Director: KIM STEWART
Age Range: 6 Weeks to 5 Years	Date Prepared: 9/17/2026

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