Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: VINEHOUSE NURSERY, LLC	Type of Facility: Center [X] OST [ ] Day [X] Family [ ] University [ ] Night [ ] Group [ ]
Physical Address: 105 PLAZA CIRCLE , SUITE 100, 200, 300 ALABASTER, AL 35007	Mailing Address:
Telephone Number: (704) 214-5363	Licensee: VINEHOUSE NURSERY, LLC
Capacity: 51	Director: KHIARI MCALPIN-KNOX
Age Range: 6 Weeks to 5 Years	Date Prepared: 10/7/2026

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 - Suitability Determination (Every 5 years), Staff Checklist Plan of Action - staff get correct suitability letter	11/7/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Plan of Action - staff get correct suitability letter	11/7/2026