

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: THE GINGERBREAD HOUSE	Type of Facility: Center <input checked="" type="checkbox"/> OST <input type="checkbox"/> Day <input checked="" type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Night <input type="checkbox"/> Group <input type="checkbox"/>
Physical Address: 514 EAST MADISON STREET TROY, AL 36081	Mailing Address: 514 E. MADISON STREET, TROY, AL, 36081
Telephone Number: (334) 566-5952	Licensee: JANBAR ENTERPRISES INC
Capacity: 45	Director: BARBARA Jean NUNNELEE
Age Range: 6 Weeks to 12 Years	Date Prepared: 01/03/2024

SECTION B - BASIS FOR PLAN OF CORRECTION

List each deficiency and/or attach deficiency report(s)

Deficiency Summary
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Failed - Health and Safety Training, Staff Checklist Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Failed - Health and Safety Training, Staff Checklist Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Failed - Health and Safety Training, Staff Checklist Failed - Child care workers/teachers/subs meet requirements for Health & Safety training, Inspection Form

PLAN OF CORRECTION (continued)

Facility Name: THE GINGERBREAD HOUSE	Date Prepared: 01/03/2024
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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:
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