

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: WORD OF FAITH CHILD DEV. CENTER	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: 1017 TELEGRAPH RD PRICHARD, AL 36610	Mailing Address:
Telephone Number: (251) 457-7874	Licensee: WORD OF FAITH CHILD DEV. CENTER
Capacity: 23	Director: BE'LISA A RODGERS
Age Range: 6 Months to 5 Years	Date Prepared: 6/4/2026

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 - Medical, Staff Checklist Plan of Action - will complete medical next week	6/12/2026