

## Plan of Correction

### SECTION A - IDENTIFYING INFORMATION

Facility Name: GRECS EARLY LEARNING CENTER MID CITY	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: 3767 PROFESSIONAL PARKWAY MOBILE, AL 36609	Mailing Address: P.O. BOX 16005 MOBILE, AL, 36616-____
Telephone Number: (251) 444-1761	Licensee: GULF REGIONAL EARLY CHILDHOOD SERVICES
Capacity: 79	Director: WENDY MCEARCHERN
Age Range: 6 Weeks to 8 Years	Date Prepared: 7/2/2026

### 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 / K3 Plan of Action - Hazards were locked in the cabinet,	7/2/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Plan of Action - Director is waiting on the Suitability Letter in the mail.	7/16/2026