

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: GIGI'S PLAYHOUSE	Type of Facility: Center ☐ OST ☐ Day ☒ Night ☐ Family ☒ University ☐ Group ☐
Physical Address: 516 NEWPORT DRIVE WEST MOBILE, AL 36609	Mailing Address: 516 NEWPORT DRIVE WEST MOBILE, AL, 36609
Telephone Number: (251) 423-9641	Licensee: ALICE YOUNG
Capacity: 12	Director:
Age Range: 6 Weeks to 12 Years	Date Prepared: 7/30/2026

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 - Ongoing Training, Staff Checklist Plan of Action - I plan to do quorums training by the end of August.	8/31/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - I plan to do quorums training by the end of August.	8/31/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - I plan to do quorums training by the end of August.	8/31/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - I plan to do quorums training by the end of August.	8/31/2026
Failed - Medical, Staff Checklist Plan of Action - I am making appointments for Monday.	8/7/2026
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Plan of Action - I plan to do quorums training by the end of August.	8/31/2026
Failed - Medical, Staff Checklist Plan of Action - I am making appointments for Monday.	8/7/2026