Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: ASHLEY MULLER	Type of Facility: Center [ ] OST [ ] Day [X] Family [X] University [ ] Night [X] Group [ ]
Physical Address: 2401 SpringHill Avenue Mobile, AL 36607	Mailing Address:
Telephone Number: (251) 895-8581	Licensee: ASHLEY MULLER
Capacity: 12	Director:
Age Range: 18 Months to 6 Years 18 Months to 6 Years	Date Prepared: 7/28/2026

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 - I WILL HAVE THE MEDICAL FORM COMPLETED	8/31/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - WE WILL COMPLETE TRAINING	8/31/2026
Failed - Medical, Staff Checklist Plan of Action - I WILL GET THE MEDICAL FORM COMPLETED	8/31/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - WE WILL COMPLETE TRAINING	8/31/2026
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 WILL UPLOAD ALL INFORMATION	8/31/2026
The FIRE INSPECTION is expired, Ad Hoc Plan of Action - I WILL HAVE A NEW INSPECTION CONDUCTED	8/31/2026