

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: CITRONELLE HEAD START CENTER	Type of Facility: Center ☒ OST ☐ Day ☒ Night ☐ Family ☐ University ☐ Group ☐
Physical Address: 19275 N. FOURTH STREET CITRONELLE, AL 36522	Mailing Address: 19275 N. FOURTH STREET CITRONELLE, AL, 36522
Telephone Number: (251) 866-9967	Licensee: MOBILE COMMUNITY ACTION, INC.
Capacity: 97	Director: SOPHIA SPENCER
Age Range: 6 Weeks to 5 Years	Date Prepared: 8/14/2026

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 - Barriers around heaters, fans, Classroom Checklist / Classroom F Plan of Action - Removed . Barriers will be created.	8/14/2026
Failed - Barriers around heaters, fans, Classroom Checklist / Classroom B Plan of Action - Removed. Will put behind barrier.	8/14/2026
Failed - Hazardous substances locked, Classroom Checklist / Classroom C Plan of Action - Corrected during visit put under lock and key.	8/14/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - have staff upload trainings into pathways.	8/19/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - print out certificates and upload in pathway	8/14/2026
Failed - Preadmission Form, Child Checklist Plan of Action - Will have parent to complete preadmission form.	8/19/2026
Failed - Preadmission Form, Child Checklist Plan of Action - Will have parennt to complete peradmission form.	8/19/2026
Failed - Preadmission Form, Child Checklist Plan of Action - will have parent top complete preadmission form.	8/19/2026