

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: GREENE CO. HEAD START/EARLY HEAD START	Type of Facility: Center ☒ OST ☐ Day ☒ Family ☐ University ☐ Night ☐ Group ☐
Physical Address: 1227 U.S. HWY. 43 S EUTAW, AL 35462	Mailing Address: 1227 U.S. HIGHWAY 43 S EUTAW, AL, 35462-____
Telephone Number: (205) 372-2810	Licensee: COMMUNITY SER. PROGRAMS OF WEST, AL, INC
Capacity: 236	Director: ALEXIS TINKER
Age Range: 6 Weeks to 5 Years	Date Prepared: 9/3/2026

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 - Health and Safety Training, Staff Checklist Plan of Action - plan to have	9/17/2026
Failed - Medical, Staff Checklist Plan of Action - plan to have	9/17/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - plan to have	9/17/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - plan to have	9/17/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - plan to have	9/17/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - plan to have	9/17/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - plan to have	9/17/2026
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Plan of Action - plan to have	
Failed - Health and Safety Training, Staff Checklist Plan of Action - plan to have	9/17/2026
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Failed - Health and Safety Training, Staff Checklist Plan of Action - plan to have	9/17/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - plan to have	9/17/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - plan to have	9/17/2026