Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: ANNIE'S EARLY HEADSTART ACADEMY	Type of Facility: Center [ ] OST [ ] Day [X] Family [ ] University [ ] Night [ ] Group [X]
Physical Address: 2669 FAURE DRIVE SOUTH MOBILE, AL 36605	Mailing Address:
Telephone Number: (251) 689-1459	Licensee: BRENDA J GODFREY
Capacity: 20	Director:
Age Range: 6 Weeks to 12 Years	Date Prepared: 10/2/2026

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
Facility's fire inspection report is expired., Ad Hoc Plan of Action - The Fire Inspector will be here Tuesday.	10/6/2026
Failed - Medical, Staff Checklist Plan of Action - My doctor's appointment is in November.	11/6/2026
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 - We will have the training uploaded by Monday.	10/5/2026