

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

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|--|---|
| Facility Name: JENNA LOU'S | Type of Facility: Center [] OST [] Day [X] Family [] University [] Night [] Group [X] |
| Physical Address: 176 BOYKIN ROAD WOODLAND, AL 36280 | Mailing Address: |
| Telephone Number: (256) 610-3037 | Licensee: TRACEY BALDWIN |
| Capacity: 12 | Director: |
| Age Range: 6 Weeks to 12 Years | Date Prepared: 6/10/2026 |

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 - CA/N Clearance Form (Every Five Years), Staff Checklist Plan of Action - The Staff member has completed an updated CA/N and is waiting for it to be returned from the registry. | 6/24/2026 |