

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: KARE BEAR CHRISTIAN DAYCARE	Type of Facility: Center <input checked="" type="checkbox"/> OST <input type="checkbox"/> Day <input checked="" type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Night <input checked="" type="checkbox"/> Group <input type="checkbox"/>
Physical Address: 175 N DALEVILLE AVE , SUITE G DALEVILLE, AL 36322	Mailing Address: P.O. BOX 311405 ENTERPRISE, AL, 36322-____
Telephone Number: (334) 599-1008	Licensee: KARE BEAR CHRISTIAN DAYCARE LLC
Capacity: 76	Director: LATASHA MARIE BRADY
Age Range: 6 Weeks to 12 Years 6 Weeks to 12 Years	Date Prepared: 6/18/2026

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 am paying for employee to get her medical done this week, and I will upload the document to arise.	6/27/2026