

## Plan of Correction

### SECTION A - IDENTIFYING INFORMATION

Facility Name: BE BRAVE CHILD CARE 2	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 type="checkbox"/> Group <input type="checkbox"/>
Physical Address: 240 NORTH TRUMAN DRIVE PRICHARD, AL 36610	Mailing Address: 240 NORTH TRUMAN DRIVE PRICHARD, AL, 36610
Telephone Number: (251) 348-7711	Licensee: FAITH MINISTRY COMM. CHURCH OF GOD INC
Capacity: 45	Director: RAI TIMBERLY THOMAS
Age Range: 6 Weeks to 12 Years	Date Prepared: 7/1/2026

### 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 - Preadmission Form, Child Checklist Plan of Action - Parent will complete form.	7/15/2026
Failed - Preadmission Form, Child Checklist Plan of Action - Parent will complete form.	7/15/2026
Failed - Immunization Certificate, Child Checklist Plan of Action - Parent will bring in updated immunization form.	7/15/2026
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