

## Plan of Correction

### SECTION A - IDENTIFYING INFORMATION

Facility Name: HORNSBY 'S GROUP DAY CARE HOME	Type of Facility: Center [ ] OST [ ] Day [X] Family [ ] University [ ] Night [ ] Group [X]
Physical Address: 2620 WELDON ROAD TALLASSEE, AL 36078	Mailing Address:
Telephone Number: (334) 580-0462	Licensee: MICHELE HORNSBY
Capacity: 12	Director:
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 - Radiators heaters and fans inaccessible to children, Inspection Form Plan of Action - Corrected on date of visit.	7/1/2026
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 - I will update Alabama Pathways.	7/16/2026