Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: BRIGHT EYED BUSHY TAIL D.C. HOME	Type of Facility: Center [ ] OST [ ] Day [X] Family [X] University [ ] Night [ ] Group [ ]
Physical Address: 1734 31ST STREET WEST BIRMINGHAM, AL 35208	Mailing Address: 1734 31ST STREET WEST BIRMINGHAM, AL, 35208
Telephone Number: (205) 777-5169	Licensee: JACQUELINE OWENS
Capacity: 6	Director:
Age Range: 12 Months to 14 Years	Date Prepared: 8/7/2026

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 - Ongoing Training, Staff Checklist Plan of Action - The provider will obtain the ongoing training.	8/21/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - The provider will obtain the required CCDF Training.	8/21/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - The staff member will obtain the required ongoing training.	8/21/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - The staff member will obtain the required CCDF training.	8/21/2026