

## Plan of Correction

### SECTION A - IDENTIFYING INFORMATION

|                                                                    |                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility Name:<br>BRIGHT EYED BUSHY TAIL D.C.<br>HOME              | Type of Facility:    Center <input type="checkbox"/> OST <input type="checkbox"/><br>Day <input checked="" type="checkbox"/><br>Night <input type="checkbox"/> Family <input checked="" type="checkbox"/> University <input type="checkbox"/><br>Group <input type="checkbox"/> |
| Physical Address:<br>1734 31ST STREET WEST<br>BIRMINGHAM, AL 35208 | Mailing Address:<br>1734 31ST STREET WEST<br>BIRMINGHAM, AL, 35208                                                                                                                                                                                                              |
| Telephone Number: (205) 777-5169                                   | Licensee: JACQUELINE OWENS                                                                                                                                                                                                                                                      |
| Capacity: 6                                                        | Director: N/A                                                                                                                                                                                                                                                                   |
| Age Range:<br>12 Months to 14 Years                                | Date Prepared: 9/10/2026                                                                                                                                                                                                                                                        |

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