

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: KATHY DEVOSS	Type of Facility: Center [] OST [] Day [X] Family [X] University [] Night [] Group []
Physical Address: 345 OAK STREET LUVERNE, AL 36049	Mailing Address: 345 OAK STREET LUVERNE, AL, 36049
Telephone Number: (334) 335-5357	Licensee: KATHY DEVOSS
Capacity: 6	Director:
Age Range: 6 Weeks to 5 Years	Date Prepared: 5/27/2026

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 - Immunization Certificate, Child Checklist Plan of Action - Parent get current immunization certificate	6/5/2026
Failed - Preadmission Form, Child Checklist Plan of Action - Parent complete missing documentation	6/5/2026
Failed - Preadmission Form, Child Checklist Plan of Action - Parent complete missing documentation	6/5/2026