

## Plan of Correction

### SECTION A - IDENTIFYING INFORMATION

|   |  |
|---|--|
| Facility Name:<br>THIS OLDE HOUSE II                          | Type of Facility:    Center <input checked="" type="checkbox"/> OST <input type="checkbox"/><br>Day <input checked="" type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/><br>Night <input type="checkbox"/> Group <input type="checkbox"/> |
| Physical Address:<br>22628 BUCKSVILLE RD<br>MCCALLA, AL 35111 | Mailing Address:<br>22628 BUCKSVILLE RD<br>MCCALLA, AL, 35111  |
| Telephone Number: (205) 477-6599                              | Licensee: THIS OLDE HOUSE, INC   |
| Capacity: 75  | Director:  |
| Age Range:<br>6 Weeks to 12 Years                             | Date Prepared: 6/30/2026   |

### 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 |
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