Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: OUR HOUSE HOME DAYCARE	Type of Facility: Center [ ] OST [ ] Day [X] Family [X] University [ ] Night [ ] Group [ ]
Physical Address: 2360 Petrey Hwy Luverne, AL 36049	Mailing Address:
Telephone Number: (334) 508-2144	Licensee: REBECCA WOOD POUNCEY
Capacity: 5	Director:
Age Range: 6 Weeks to 5 Years	Date Prepared: 7/30/2026

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
Failed - Preadmission Form, Child Checklist Plan of Action - Parent complete form	8/6/2026
Failed - Preadmission Form, Child Checklist Plan of Action - Parent complete form	8/6/2026