

**ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT**

SECTION A- IDENTIFYING INFORMATION

Facility Name: HOME AWAY FROM HOME CHILDCARE, LLC	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 06/27/2025
Facility Address: 14965 ALABAMA HIGHWAY 59, FOLEY, AL 36535, Baldwin	Licensee: LYNN HUGHES	Telephone #: (251) 943-0483
Ages: 6 Weeks to 12 Years	Director (if applicable): Lynn S Hughes	Capacity: 178 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
<p>Failed - Gates secured, Inspection Form Comments: Gate to larger playground not secured.</p> <p>Failed - Exposed electrical outlets have protective covers, Inspection Form Comments: Missing plug cover in the three year old classroom.</p> <p>Failed - Center free of apparent hazards, Inspection Form Comments: Washer and dryer in classroom without a barrier. Hot glue gun plugged on shelf in classroom. Staff backpack not under lock and key.</p> <p>Failed - One handwashing sink with warm running water soap paper towels in each room where children are diapered, Inspection Form Comments: The two's classroom does not have a diapering area inside the classroom.</p> <p>Failed - Required ratios maintained at all times, Inspection Form Comments: Two staff with 11 infants</p>	

Failed - Fire, Inspection Form
 Comments: No written documentation

Failed - Tornado, Inspection Form
 Comments: No written documentation

Failed - Lockdown, Inspection Form
 Comments: No written documentation

Failed - Relocation, Inspection Form
 Comments: No written documentation

One staff with an incomplete file., Ad Hoc
 Comments: NA

INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must put the date of correction and his/her initials in Column 2. This form must be returned to the Department of Human Resources on or before 7-11-25, as verification that deficiencies have been corrected.

NOTICE: Any misleading or any false statements or reports made to the Department and/or failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of Performance Standards. A facility licensed by the Department must always meet Performance Standards applicable to that facility. It is the responsibility of the licensee to operate in compliance with Performance Standards.



Signature of Facility Representative

Shirley Simpkins

Signature of DHR Licensing Representative

6.27.25

 Date

6-27-25

 Date

COPIES TO: _____