

## Plan of Correction

### SECTION A - IDENTIFYING INFORMATION

|                                                                               |                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility Name:<br>HOME AWAY FROM HOME<br>CHILDCARE TOO, LLC                   | 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>22305 Palmer Street , Suite 108<br>Robertsdale, AL 36567 | Mailing Address:                                                                                                                                                                                                                                                             |
| Telephone Number: (251) 979-4484                                              | Licensee: LYNN HUGHES                                                                                                                                                                                                                                                        |
| Capacity: 125                                                                 | Director:                                                                                                                                                                                                                                                                    |
| Age Range:<br>6 Weeks to 12 Years                                             | Date Prepared: 8/4/2026                                                                                                                                                                                                                                                      |

### 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 - Electrical outlets covered, Classroom Checklist / Jungle Crew<br>Plan of Action - One plug cover missing. Teacher had charged her iPad<br>and forgot to replace. | 8/4/2026             |