

## Plan of Correction

### SECTION A - IDENTIFYING INFORMATION

|                                                                |                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility Name:<br>THE TREE HOUSE LEARNING CENTER               | Type of Facility:    Center <input type="checkbox"/> OST <input type="checkbox"/><br>Day <input checked="" type="checkbox"/><br>Night <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> University <input type="checkbox"/><br>Group <input type="checkbox"/> |
| Physical Address:<br>1014 CENTERWOOD DRIVE<br>MOBILE, AL 36608 | Mailing Address:                                                                                                                                                                                                                                                                           |
| Telephone Number: (251) 776-8957                               | Licensee: ROBYNN LIKELY                                                                                                                                                                                                                                                                    |
| Capacity: 10                                                   | Director:                                                                                                                                                                                                                                                                                  |
| Age Range:<br>6 Weeks to 13 Years<br>6 Weeks to 13 Years       | Date Prepared: 8/26/2026                                                                                                                                                                                                                                                                   |

### 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 - Infant -Child CPR Certification, Staff Checklist<br>Plan of Action - We intend on signing up for the training and have ready in two weeks.     | 9/11/2026            |
| Failed - Infant -Child First Aid Certificate, Staff Checklist<br>Plan of Action - We intend on signing up for the training and have ready in two weeks. | 9/11/2026            |
| Failed - Ongoing Training, Staff Checklist<br>Plan of Action - i intend on signing up for the training and have ready in two weeks.                     | 9/11/2026            |
| Failed - Health and Safety Training, Staff Checklist<br>Plan of Action - We intend on signing up for the training and have ready in two weeks.          | 9/11/2026            |
| Failed - Infant -Child CPR Certification, Staff Checklist<br>Plan of Action - We intend on signing up for the training and have ready in two weeks.     | 9/11/2026            |
| Failed - Infant -Child First Aid Certificate, Staff Checklist<br>Plan of Action - We intend on signing up for the training and have ready in two weeks. | 9/11/2026            |
| Failed - Ongoing Training, Staff Checklist<br>Plan of Action - We intend on signing up for the training and have ready in two weeks.                    | 9/11/2026            |
| Failed - Health and Safety Training, Staff Checklist<br>Plan of Action - We intend on signing up for the training and have ready in two weeks.          | 9/11/2026            |

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| <p>Failed - Vehicle safety check done annually signed and dated by a certified mechanic, Inspection Form</p> <p>Plan of Action - I believe that I already have my vehicle safety inspection, but i will upload it when I find it by tomorrow.</p>                                           | 8/28/2026 |
| <p>Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form</p> <p>Plan of Action - I expect to have all our trainings completed and uploaded by September 11th.</p> | 9/11/2026 |