

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

SECTION A- IDENTIFYING INFORMATION

| | | |
|--|--|---|
| Facility Name: WORDS OF WISDOM HOME DAYCARE | Type of Facility: Center [] Day [X] OST [] Night [] Family [X] University [] Group [] | Date of Visit: 05/23/2025 |
| Facility Address: 1667 DARWOOD DRIVE, MOBILE, AL 36605, Mobile | Licensee: REABER PARKER | Telephone #: (251) 327-4422 |
| Ages: 6 Weeks to 5 Years | Director (if applicable): | Capacity: 5 / NA Day Night |

SECTION B - DEFICIENCY INFORMATION

| Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY* | Date Corrected by Licensee |
|---|---------------------------------------|
| Deficiency Summary | |
| *THERE WERE NO DEFICIENCIES OBSERVED DURING VISIT ON, 5/23/25. | |
| Failed - Home free of apparent hazardous conditions, Inspection Form Comments: There are two bottles of liquid content and two bags of potting soils sitting on the front porch. | 05/23/2025 |
| Failed - Dangerous substances locked, Inspection Form Comments: There are two (2) bottles of liquid chemicals on the porch and two (2) bags of potting soils accessible to the children. | 05/23/2025 |
| Failed - Home and grounds free of apparent hazards including abandoned automobiles unused appliances uncovered wells and cisterns stacked lumber with exposed nails explosives, Inspection Form Comments: Chemical hazards are on the front porch. | 05/23/2025 |
| Failed - All poison kept in locked area, Inspection Form Comments: Two bottles of liquid chemicals and two bags of potting soil s are sitting on the front porch. | 05/23/2025 |
| Failed - Certificate of rabies vaccination, Inspection Form Comments: One (1) animal's rabies certificate is expired. | 05/23/2025 |
| Failed - Children's records complete, Inspection Form Comments: Three children's records have no immunization in file. | 05/23/2025 |
| Failed - Immunization Certificate, Child Checklist Comments: There is no immunization record in child's file. | 05/23/2025 |
| Failed - Immunization Certificate, Child Checklist Comments: There is no immunization record in child's file. | 05/23/2025 |
| Failed - Immunization Certificate, Child Checklist | 05/23/2025 |

Comments: There is no immunization record in child's file.
Failed - Immunization Certificate, Child Checklist
Comments: There is no immunization record in child's file.

05/23/2025

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 _____, 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

Date

Deborah Lang-Dixon

Signature of DHR Licensing Representative

Date

COPIES TO: _____