

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: MAKAYLA'S HOME DAYCARE	Type of Facility: Center [] Day [X] OST [] Night [] Family [X] University [] Group []	Date of Visit: 06/05/2025
Facility Address: 25 ROBIN HOOD CT, ELMORE, AL, 36025, Elmore	Licensee: MAKAYLA GRIFFITHS	Telephone #: (334) 730-2974
Ages: 6 Weeks to 5 Years	Director (if applicable): N/A	Capacity: 5 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
No deficiencies at the time of the visit.	
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: Staff needs to request roles to complete enrollment requirements.	05/21/2025
Failed - Children's records complete, Inspection Form Comments: Preadmission Form are incomplete. One child does not have an immunization form on file in the home.	06/04/2025
Failed - Immunization Certificate, Child Checklist Comments: The child does not have an immunization Certificate on file in the home.	06/04/2025
Failed - Preadmission Form, Child Checklist Comments: The Preadmission Form is incomplete.	06/04/2025
Failed - Preadmission Form, Child Checklist Comments: The Preadmission Form is incomplete.	06/04/2025
Failed - Preadmission Form, Child Checklist Comments: The preadmission form is incomplete.	06/04/2025
Failed - Preadmission Form, Child Checklist Comments: The child does not have a preadmission form on file in the home'	06/04/2025
Failed - Preadmission Form, Child Checklist Comments: The child does not have a preadmission form on file in the home.	06/04/2025

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 N/A, 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

robin bussie

06/04/2025

Signature of DHR Licensing Representative

Date

COPIES TO: _____ licensee _____