ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: SUNNY LANE CHILD CARE	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [ ] University [Group [X]	Date of Visit: 05/21/2025
Facility Address: 1334 SUNNY LANE, MT. OLIVE, AL 35117, Jefferson	Licensee: DANA BAILEY	Telephone #: (205) 500-2121
Ages: 12 Months to 5 Years	Director (if applicable):	Capacity: 12 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
Failed - Records for caregivers/substitutes, Inspection Form Comments: three staff files are incomplete	06/06/2025
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: One staff is not enrolled in Alabama Pathways	05/22/2025
Failed - Swimming pool has locking gate; and gate and other access areas are locked when pool is not in use, Inspection Form Comments: Pool gate was not locked	05/21/2025
Failed - Complete record for assistant caregiver, Inspection Form Comments: file is incomplete	05/23/2025
Failed - TB Test Date and Results, Staff Checklist Comments: missing	05/21/2025
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: dated 06/24/2019; must be updated every 5 years	06/06/2025
Failed - TB Test Date and Results, Staff Checklist Comments: missing	06/06/2025
Failed - Written verification of Emergency Procedures, Staff Checklist Comments: missing	05/22/2025
Failed - Written Verification of Standards Read, Staff Checklist Comments: missing	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 _6/4/25__, 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	Date
sonya long	
_____	_____**6/9/25**_____
Signature of DHR Licensing Representative	Date

COPIES TO: ___licensee_____