ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: DEBBIE'S DAYCARE	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [X] University [ ] Group [ ]	Date of Visit: 06/11/2025
Facility Address: 1192 DRAPER RD., TALLADEGA, AL 35160, Talladega	Licensee: N/A	Telephone #: (256) 368-7945
Ages: 6 Weeks to 5 Years	Director (if applicable): N/A	Capacity: 5 / NA Day Night

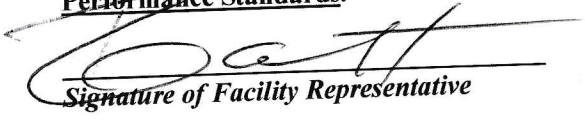
SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary All deficiencies are corrected.	
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 does not have training uploaded to Alabama Pathways.	07/10/2025
Failed - Ongoing Training, Staff Checklist Comments: Provider does not have 4 of the required 20 hours of ongoing training.	07/10/2025
Failed - Health and Safety Training, Staff Checklist Comments: Training is not current.	07/10/2025
Failed - Medical, Staff Checklist Comments: Medical is expired.	07/10/2025
Failed - Ongoing Training, Staff Checklist Comments: Staff does not have the required 6 hours of ongoing training.	07/10/2025
Failed - Health and Safety Training, Staff Checklist Comments: Training is not current.	07/10/2025

Failed - Preadmission Form, Child Checklist Comments: Preadmission form is incomplete.	07/10/2025
Failed - Immunization Certificate, Child Checklist Comments: Child does not have immunization certificate on file in the home.	07/10/2025
Failed - Preadmission Form, Child Checklist Comments: Preadmission form is incomplete.	07/10/2025
Failed - Preadmission Form, Child Checklist Comments: Preadmission form is incomplete.	07/10/2025
Failed - Preadmission Form, Child Checklist Comments: Preadmission form is incomplete.	07/10/2025
Failed - Preadmission Form, Child Checklist Comments: Preadmission form is incomplete.	07/10/2025

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

07/11/2025
Date

robin bussie

Signature of DHR Licensing Representative

0710/2025
Date

COPIES TO: _____Licensee_____