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ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: THERESA COLEMAN WATKINS	Type of Facility : Center [] Day [X] OST [] Night [] Family [X] University [] Group []	Date of Visit: 7/11/2025
Facility Address: 606 DR. M.L.KING, JR.BLVD, BAY MINETTE, AL 36507-9105, Baldwin	Licensee: THERESA WATKINS	Telephone #: (251) 580-5693
Ages: 1 Months to 18 Years	Director (if applicable):	Capacity: 6 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	<u>Date Corrected by</u> <u>Licensee</u>
Deficiency Summary	
Failed - Children's records complete, Inspection Form Comments: INCOMPLETE PREADIMISSON	6/6/2025
Failed - Each child signed in and signed out with a written signature or a biometric ID, Inspection Form Comments: THERE WERE TWO CHILDREN NOT SIGNED IN ON THE 5/9/2S AND THREE WERE NOT SIGNED OUT ON 5/8/25.	6/6/2025
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: LICENSEE AND SUBSTITUTES TRAININGS ARE NOT UPLOADED IN PATHWAY.	6/6/2025
Failed - Transportation Checklist used for transporting by vehicle or walking, Inspection Form Comments: NO CHECK LIST FOR CHILDREN ON WALKING FIELD TRIP IN FRONT YARD AREA	6/6/2025
Failed - Ongoing Training, Staff Checklist Comments: REQUIRES SIX HOURS OF PERFORMANCE TRAINING	7/11/2025

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1. The first part of the document is a list of names and addresses of the members of the committee.

2. The second part of the document is a list of names and addresses of the members of the committee.

Failed - Medical, Staff Checklist
Comments: HER MEDICAL IS EXPIRED

6/6/2025

Failed - Ongoing Training, Staff Checklist
Comments: REQUIRES 11 HOURS OF PERFORMANCE
STANDANCE TRAINING

6/6/2025

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

07/11/25

Date

Oliva Jackson

07/11/25

Signature of DHR Licensing Representative

Date

COPIES TO: ARISE/LICENSEE