

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: MS. JOANNE'S DAYCARE	Type of Facility : Center [] Day [X] Night []	Center [] OST [] Family [X] University [] Group []	Date of Visit: 7/16/2025
Facility Address: 444 COTTONHILL ROAD, EUFAULA, AL 36027, Barbour	Licensee: JOANNE MCKEMY		Telephone #: (334) 703-0618
Ages: 6 Weeks to 12 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>	Date Corrected by Licensee
Deficiency Summary	
All deficiencies corrected as of 07/15/2025.	
Failed - Home free of apparent hazardous conditions, Inspection Form Comments: Antibacterial soap not under lock and key or combination lock in bathroom and kitchen.	6/18/2025
Failed - Dangerous substances locked, Inspection Form Comments: Antibacterial soap not under lock and key or combination lock in bathroom and kitchen.	6/18/2025
Failed - Clear glass doors marked at child level, Inspection Form Comments: Clear glass door is not marked.	6/18/2025
Failed - Number of cribs that meet US consumer Product Safety Act of 2008., Inspection Form Comments: No manufactured date for crib.	6/18/2025
Failed - Outdoor play area and equipment free from apparent hazards, Inspection Form Comments: Electrical outlet uncovered on patio. Vines on fence. Climbing apparatus and seesaw airplane not anchored. Wasp nest inside toy kitchen. Off spray on patio not under lock and key or combination lock.	6/18/2025

Failed - Outdoor play equipment not designed to be portable anchored, Inspection Form Comments: Climbing apparatus and seesaw airplane not anchored.	6/18/2025
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: indoor and outdoor hazards	6/18/2025
Failed - All poison kept in locked area, Inspection Form Comments: Off spray on patio not under lock and key or combination lock.	5/22/2025
Failed - Licensee and each caregiver has current infant-child CPR and first aid certificate copies on file in home, Inspection Form Comments: CPR & first aid is expired.	6/18/2025
Failed - Fire, Inspection Form Comments: No documentation.	6/18/2025
Failed - Tornado, Inspection Form Comments: No documentation.	6/18/2025
Failed - Lockdown, Inspection Form Comments: No documentation.	6/18/2025
Failed - Relocation, Inspection Form Comments: No documentation.	6/18/2025
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: None of the facility staff are enrolled in the Alabama Pathways Registry.	6/17/2025
Failed - Diapering area washable cleaned and disinfected after each use, Inspection Form Comments: Diapering area is not clean and disinfected after each use.	6/18/2025
Failed - Special foods for children labeled with child's name and stored as directed, Inspection Form Comments: Baby bottle not labeled with child's name.	6/18/2025

Failed - Certificate of rabies vaccination, Inspection Form Comments: Certificate is not on file in the home.	6/18/2025
Failed - Children's records complete, Inspection Form Comments: Missing documentation.	6/18/2025
Failed - Physical/structural changes to home or grounds reported in advance, Inspection Form Comments: Installed gate was not reported to the Department.	6/18/2025
Failed - Record for licensee/household member, Inspection Form Comments: Missing documentation.	6/18/2025
Failed - Records for caregivers/substitutes, Inspection Form Comments: Missing documentation.	7/15/2025
Failed - Current Driver's License, Staff Checklist Comments: Missing photo ID.	6/18/2025
Failed - Photo ID Verification, Staff Checklist Comments: Photo ID missing.	6/18/2025
Failed - Health and Safety Training, Staff Checklist Comments: Missing required training.	6/18/2025
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Expired CPR certification.	6/18/2025
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: Expired First Aid certification.	6/18/2025
Failed - Ongoing Training, Staff Checklist Comments: Missing required training.	6/18/2025
Failed - Health and Safety Training, Staff Checklist Comments: Missing required training.	6/18/2025
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Expired CPR certification.	6/18/2025
Failed - Infant -Child First Aid Certificate, Staff Checklist	6/18/2025

Comments: Expired First Aid certification	
Failed - Application, Staff Checklist Comments: Missing application	7/15/2025
Failed - Photo ID Verification, Staff Checklist Comments: Photo ID missing	6/18/2025
Failed - Current Driver's License, Staff Checklist Comments: Missing photo ID	6/18/2025
Failed - Immunization Certificate, Child Checklist Comments: Expired Immunization	6/18/2025
Failed: A current certificate of rabies vaccination shall be on file in the home for any animal required by law to be vaccinated. No current vaccination on file in the home.. Ad Hoc Comments: NA	6/18/2025

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.

Jo Anne May
Signature of Facility Representative

7-15-25
Date

Amy Horn
Signature of DHHR Licensing Representative

07/15/2025
Date

COPIES TO: Emailed to Licensee 07/15/2025