

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: CAROLYN'S FAMILY HOME CHILDCARE	Type of Facility : Center [] Day [X] OST [] Night [X] Family [X] University [] Group []	Date of Visit: 7/17/2025
Facility Address: 4287 KWAJALEIN DRIVE, MOBILE, AL 36609, Mobile	Licensee: CAROLYN THOMAS- MCCANTS	Telephone #: (251) 458-5601
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable):	Capacity: 5 / 5 Day Night

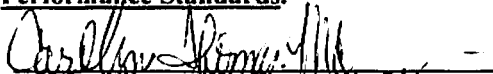
SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Tools and machinery inaccessible, Inspection Form Comments: Under the carport, a wet shop vac, one dolly tool and a fan is accessible to the children upon arrival and departure at the facility.	7/17/2025
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: Staff does not have required Health & Safety Training and Ongoing training certificates entered in Alabama Pathways. Substitute's education certificate is not available in Alabama Pathways.	8/28/2025

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

Deborah Lang-Dixon 

Signature of DHR Licensing Representative

8/28/25

Date

COPIES TO: Carolyn McCants/licensee on 8/28/25 by mail & email