

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: KATIE S. MONCRIEF	Type of Facility : Center [ ] Day [X]            OST [ ] Night [ ]           Family [X] University [ ] Group [ ]	Date of Visit: 8/7/2025
Facility Address: 7671 BALM ROAD, WETUMPKA, AL, 36092, Elmore	Licensee: KATIE MONCRIEF	Telephone #: (334) 541-2037
Ages: 0 Weeks to 12 Years	Director (if applicable): N/A	Capacity: 6            NA Day           Night

**SECTION B - DEFICIENCY INFORMATION**

Performance Standard Deficiency <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
<b>Deficiency Summary</b>	
All deficiencies are corrected. Effective 08/07/2025.	
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 is not enrolled in Pathways.	8/7/2025
Failed - Ongoing Training, Staff Checklist Comments: Staff does not have the required 6 hours of ongoing training.	8/7/2025

**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 \_\_\_\_\_, 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.

Katie Moncrief

Aug 7/2025

**Signature of Facility Representative**

Date

*robin bussie*

08/07/2025

**Signature of DHR Licensing  
Representative**

Date

COPIES TO: \_\_\_\_\_ Licensee \_\_\_\_\_