

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: TRACIE'S DAYCARE HOME	Type of Facility : Center [] Day [X] OST [] Night [] Family [] University [] Group [X]	Date of Visit: 8/7/2025
Facility Address: 306 E HICKORY BEND, ENTERPRISE, AL 36330, Coffee	Licensee: TRACIE LLOYD	Telephone #: (334) 447-2977
Ages: 6 Weeks to 5 Years	Director (if applicable):	Capacity: 12 / 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	
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 Alabama Pathways Registry.	Pending Correction <i>trying to correct</i>
Failed - Immunization Certificate, Child Checklist Comments: expired	Pending Correction <i>corrected</i>

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 8/29/25, 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.

RECEIVED
AUG 21 2025
CHILD CARE
SERVICES DIVISION


Signature of Facility Representative

Amy Horn

Signature of DHR Licensing Representative

COPIES TO: mailed to licensee

8-14-25

Date

8/11/25

Date