

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: FELICIA SHEFFIELD	Type of Facility : Center [] Day [X] OST [] Night [X] Family [] University [] Group [X]	Date of Visit: 8/14/2025
Facility Address: 2401 EAST DVORAK CIRCLE, LINDEN, AL 36748, Marengo	Licensee: FELICIA SHEFFIELD	Telephone #: (334) 422-3116
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable):	Capacity: 12 / 12 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	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: ALL STAFF IS NOT REGISTERED IN ALABAMA PATHWAYS	Pending Correction
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Not in file	Pending Correction
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: Not in file	Pending Correction
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Not in file	Pending Correction
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: Not in file	Pending Correction
Failed - Verification of Education, Staff Checklist Comments: Not in file	Pending Correction

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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 - References, Staff Checklist
Comments: Back of forms incomplete

Pending Correction

Failed - Infant -Child CPR Certification, Staff Checklist
Comments: Not in file

Pending Correction

Failed - Infant -Child First Aid Certificate, Staff Checklist
Comments: Not in file

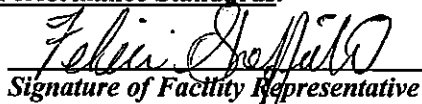
Pending Correction

Failed - References, Staff Checklist
Comments: Not on file with DHR

Pending Correction

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 08/28/25, 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.


Signature of Facility Representative

Olivia Jackson

08/14/25

Date

08/14/25

Date

Signature of DHR Licensing Representative

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