

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: DOT'S DAY CARE	Type of Facility : Center [] Day [X] OST [] Night [X] Family [] University [] Group [X]	Date of Visit: 9/9/2025
Facility Address: 201 COPELAND STREET, TROY, AL 36081-5351, Pike	Licensee: DOROTHY TONEY	Telephone #: (334) 566-6055
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable):	Capacity: 12 / 6 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
No deficiencies observed at the time of visit.	
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 not enrolled in Alabama Pathways Registry.	9/9/2025
Failed - Ongoing Training, Staff Checklist Comments: MISSING DOCUMENTATION	9/9/2025
Failed - Health and Safety Training, Staff Checklist Comments: MISSING DOCUMENTATION	9/9/2025
Failed - Preadmission Form, Child Checklist Comments: MISSING DOCUMENTATION	9/9/2025

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.



Signature of Facility Representative

Amy Horn

Signature of DHR Licensing Representative

09/23/2025

Date

Date

COPIES TO: _____