

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: WHITE'S HOME DAY CARE	Type of Facility : Center [] Day [X] OST [] Night [X] Family [X] University [] Group []	Date of Visit: 9/9/2025
Facility Address: 2531 GREENLAWN DR., MOBILE, AL 36605, Mobile	Licensee: JACQUELINE WHITE	Telephone #: (251) 473-5858
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable):	Capacity: 5 / 5 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: Some staff is not enrolled and uploading in Alabama Pathways.	Pending Correction
Failed - Medical, Staff Checklist Comments: Substitute's Medical is expired.	Pending Correction
Failed - Medical, Staff Checklist Comments: Substitute's Medical is expired.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Child's immunization is expired.	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 9/23/25, 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

Deborah Lang-Dixon

Date

9/9/25

Signature of DHR Licensing Representative

Date

COPIES TO: Emailed and mailed copy to Jacqueline White