ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: BRENDA'S DEV AND LEARNING HOME DAYCARE	Type of Facility : Center [ ] Day [X] OST [ ] Night [X] Family [X] University [ ] Group [ ]	Date of Visit: 8/15/2025
Facility Address: 2828 GREENBRIAR RD, MONTGOMERY, AL 36111, Montgomery	Licensee: TANGERLERIA RONEY	Telephone #: (334) 616-5783
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable):	Capacity: 5 / 4 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary All deficiencies corrected through Arise as of 09/12/2025.	
Failed - Home free of apparent hazardous conditions, Inspection Form Comments: In the kitchen the cabinet was unlocked, dish washing soap on the sink. In the bathroom, the cabinet unlocked, black caster shampoo, Epsom salt, and pine sol.	9/2/2025
Failed - Outdoor play area and equipment free from apparent hazards, Inspection Form Comments: grass needs to be cut, ants, pool with water in it, light sticks on the playground, broken toy, ladder on the fence, easy sand on the porch, bud spray, and kids max protect spray.	9/2/2025
Failed - Area free of stacked lumber construction materials firewood, Inspection Form Comments: behind the little house is some lumber	9/2/2025
Failed - Most recent licensing evaluation posted, Inspection Form Comments: not posted	9/2/2025
Failed - Daily schedule posted that includes 60 minutes of physical activity, Inspection Form	9/2/2025

Comments: not on the schedule	
Failed - Tornado, Inspection Form Comments: not on filed	9/2/2025
Failed - Lockdown, Inspection Form Comments: not on filed	9/2/2025
Failed - Medical, Staff Checklist Comments: expired	9/2/2025
Failed - TB Test Date and Results, Staff Checklist Comments: expired	9/10/2025
Failed - Preadmission Form, Child Checklist Comments: incomplete	9/12/2025
Failed - Immunization Certificate, Child Checklist Comments: it's a Florida immunization	9/12/2025
Failed - Preadmission Form, Child Checklist Comments: no application	9/12/2025
Failed - Immunization Certificate, Child Checklist Comments: not on filed	9/12/2025

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 Date

Amy Horn

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____

Comments: expired	
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Comments: expired	
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Comments: incomplete	
Failed - Immunization Certificate, Child Checklist	9/12/2025
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