ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: AMY'S AMAZING CHILDREN	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 9/26/2025
Facility Address: 8413 BAGLEY ROAD, DORA, AL 35062, Jefferson	Licensee: AMY GREENWOOD	Telephone #: (205) 255-6435
Ages: 0 Weeks to 5 Years	Director (if applicable): AMY GREENWOOD	Capacity: 20 / NA 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, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: None of the facility staff members are enrolled in Alabama Pathway's Registry	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Expired	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Not present	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 _____, 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.

Amy Greenwood — 09//26/2025

Signature of Facility Representative — Date

Shundr Nevels

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____