ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [ ]	Date of Visit:
SUNSET CHILD CARE	Day [X] OST [ ] Night [ ] Family [X] University [ ] Group [ ]	7/16/2025
Facility Address:	Licensee:	Telephone #:
17 WHEATLAND WAY, FORT MITCHELL, AL 36856, Russell	MARIA MORALES	(914) 270-0084
Ages:	Director (if applicable):	Capacity:
0 Weeks to 5 Years		5 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
All deficiencies corrected on 10/07/2025.	
Failed - Electrical outlets covered, Inspection Form Comments: In the living room outlet uncovered	7/16/2025
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: not in pathway	8/4/2025
Failed - Electrical outlets covered, Inspection Form Comments: In the living room outlet uncovered	7/16/2025
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: not in pathway	8/4/2025
Failed - Medical, Staff Checklist Comments: expired	8/4/2025
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: expired	8/4/2025
Failed - Written verification of Emergency Procedures, Staff Checklist Comments: not on file	8/4/2025
Failed - Ongoing Training, Staff Checklist Comments: not on file	8/4/2025
Failed - Health and Safety Training, Staff Checklist Comments: not on file	8/4/2025

Failed - Medical, Staff Checklist Comments: expired	8/4/2025
Failed - Medical, Staff Checklist Comments: expired	8/4/2025
Failed - Infant -Child CPR Certification, Staff Checklist Comments: expired	8/4/2025
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: expired	8/4/2025
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: expired	8/4/2025
Failed - Written verification of Emergency Procedures, Staff Checklist Comments: not on file	8/4/2025
Failed - Ongoing Training, Staff Checklist Comments: not on file	8/4/2025
Failed - Health and Safety Training, Staff Checklist Comments: not on file	8/4/2025
Failed - Preadmission Form, Child Checklist Comments: incomplete	8/4/2025
Failed - Immunization Certificate, Child Checklist Comments: expired	8/4/2025
Failed - Preadmission Form, Child Checklist Comments: incomplete	8/4/2025
Failed - Immunization Certificate, Child Checklist Comments: expired	8/4/2025

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 7/30/2025, 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.

10-15-2025

Signature of Facility Representative Date

Amy Horn

Signature of DHR Licensing Representative Date

COPIES TO: _____