

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: MOTHER HELPER HOME DAY CARE	Type of Facility : Center [] Day [X] OST [] Night [X] Family [X] University [] Group []	Date of Visit: 10/24/2025
Facility Address: 5105 CALKINS DRIVE, EIGHT MILE, AL, 36613, Mobile	Licensee: BESSIE HENDERSON	Telephone #: (251) 457-0590
Ages: 4 Weeks to 12 Years/4 Weeks to 12 Years	Director (if applicable):	Capacity: 6 / 6 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
<p>Failed - Outdoor play area and equipment free from apparent hazards, Inspection Form Comments: There is a broken fence that is leaning on the wooden fence, that's accessible to the children.</p> <p>Failed - Posted in a conspicuous place, Inspection Form Comments: EPRP is not posted in the facility.</p> <p>Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: Staff is not enrolled and entering education and required training certificates in the Alabama Pathways platform.</p> <p>Failed - Emergency Preparedness and Response Plan posted, Inspection Form Comments: EPRD is not posted.</p> <p>Failed - Infant -Child CPR Certification, Staff Checklist Comments: Licensee's CPR Certificate is expired.</p>	

Failed - Infant -Child First Aid Certificate, Staff Checklist
Comments: Licensee's 1st Aid Certificate is expired.

Failed - Health and Safety Training, Staff Checklist
Comments: Licensee's file is missing required health & safety #
2,3,4,5,6,10. & 11.

Failed - Medical, Staff Checklist
Comments: Substitute's file has an expired Medical Form.

Failed - Infant -Child CPR Certification, Staff Checklist
Comments: Substitute's CPR Certificate is expired.

Failed - Infant -Child First Aid Certificate, Staff Checklist
Comments: Substitute's 1st Aid Certificate is expired.

Failed - Ongoing Training, Staff Checklist
Comments: Substitute's file is missing required six (6) hours Ongoing
training.

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 11/9/25, 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.

Bessie Henderson
Signature of Facility Representative

10/24/2025
Date

DEBORAH LANG-DIXON

Signature of DHR Licensing Representative

10/24/25
Date

COPIES TO: Bessie Henderson