

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: EVERY MOMS CHOICE DAY CARE & LRNG CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 10/29/2025
Facility Address: 592 COLLEGE STREET, NEWTON, AL 36352, Dale	Licensee: EMC DAY CARE INC	Telephone #: (334) 299-3804
Ages: 4 Weeks to 12 Years	Director (if applicable): WILMA BODIFORD	Capacity: 60 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - All children supervised at all times, Inspection Form Comments: There were 7 children ages 3 and 4 in a room at rest time by themselves.	10/15/2025
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: All staff are not enrolled in the Alabama Pathway registry.	8/27/2025
Failed - Medical, Staff Checklist Comments: expired	8/17/2025
Failed - Immunization Certificate, Child Checklist Comments: expired	8/27/2025
Failed - Indoor thermometer (child safe), Classroom Checklist / TODDLERS Comments: The digital thermometer is not working.	8/26/2025
Failed - Shelving for equipment and supplies/anchored, Classroom	8/27/2025

Checklist / TODDLERS

Comments: The changing table is not anchored and secure.

There was one child age 13 or 14 months asleep in a room by himself unsupervised., Ad Hoc

Comments: NA

!6 children ages 2 1/2 were left unsupervised when the teacher came to answer the door., Ad Hoc

Comments: NA

There was one child laying on the floor in the k4 room (there was a teacher with the child), Ad Hoc

Comments: NA

On the 10/8/25 visit the DHR representative did not have access to children's files., Ad Hoc

Comments: NA

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 11/12/25, 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.

Wilma Bodiford

Signature of Facility Representative

JAY DALTON

Signature of DHR Licensing Representative

10/29/25

Date

10/29/25

Date

COPIES TO: Wilma Bodiford