

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: VICKIE'S HOME DAY CARE	Type of Facility : Center [] Day [X] OST [] Night [X] Family [] University [] Group [X]	Date of Visit: 11/13/2025
Facility Address: 1248 DUNFORD AVENUE, AUBURN, AL 36832, Lee	Licensee: VICKIE LASHON ANDREWS	Telephone #: (334) 332-5567
Ages: 6 Months to 12 Years/6 Weeks to 12 Years	Director (if applicable): N/A	Capacity: 12 / 6 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary Failed - Medical, Staff Checklist Comments: Staff does not have a current medical form.	11/13/2025
Failed - Medical, Staff Checklist Comments: Staff does not have a current medical form.	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 11/21/2025, 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.

Signature of Facility Representative

Date

ROBIN BUSSIE

11/13/2025

Signature of DHR Licensing

Date

Representative

COPIES TO: ___Licensee_____
