

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: TOUCH OF HOME CHILDCARE CENTER	Type of Facility : Center [] Day [X] OST [] Night [] Family [X] University [] Group []	Date of Visit: 11/21/2025
Facility Address: 1807 BRUCE AVENUE, OPELIKA, AL, 36801, Lee	Licensee: CONSTANCIA WRIGHT	Telephone #: (334) 744-3461
Ages: 0 Weeks to 5 Years	Director (if applicable): N/A	Capacity: 5 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: All staff is not completely registered in Pathways. All required documents are not uploaded into Pathways.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: The licensee does not have 8 of the required 20 hours of ongoing training.	Pending Correction
Failed - Medical, Staff Checklist Comments: Medical is expired.	11/8/2025

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 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

ROBIN BUSSIE



Date

11/21/2025

Signature of DHR Licensing Representative

Date

COPIES TO: _____ Licensee _____