

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: MRS. GOLI MAZAHERI'S HOME DAY CARE	Type of Facility : Center [] Day [X] OST [] Night [] Family [X] University [] Group []	Date of Visit: 11/21/2025
Facility Address: 655 SCOTTWOODS DRIVE, AUBURN, AL, 36830, Lee	Licensee: GOLNAZ MAZAHERI	Telephone #: (334) 740-2399
Ages: 6 Weeks to 10 Years	Director (if applicable): N/A	Capacity: 6 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 required documents are not uploaded to Alabama Pathways.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Child does not have current immunization certificate.	10/30/2025
Failed - Immunization Certificate, Child Checklist Comments: Child does not have a current immunization certificate.	11/7/2025

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 12/01/2025, 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.

M. Mazaheri

11/21/2025

Signature of Facility Representative

Date

ROBIN BUSSIE

11/21/2025

Signature of DHR Licensing Representative

Date

COPIES TO: _____ Licensee

H. Magaheri