

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: TAMMY TUCKER	Type of Facility : Center [] Day [X] OST [] Night [] Family [] University [] Group [X]	Date of Visit: 1/9/2026
Facility Address: 5945 CO RD 6, SWEETWATER, AL, 36782, Marengo	Licensee: TAMMY TUCKER	Telephone #: (334) 992-2218
Ages: 6 Weeks to 12 Years	Director (if applicable):	Capacity: 12 / NA Day Night

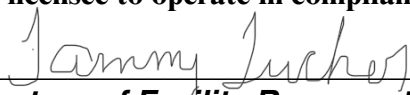
SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	<u>Date Corrected by Licensee</u>
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: Staff members do not have current training uploaded to Alabama Pathways.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Staff training incomplete.	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Staff training incomplete.	Pending Correction
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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 01/23/26, 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

01/09/26

Date

OLIVIA JACKSON

Signature of DHR Licensing Representative

1/09/26

Date

COPIES TO: ARISE/LICENSEE