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

**SECTION A- IDENTIFYING INFORMATION**

| | | |
|---|---|---|
| Facility Name:<br>RIGHT TRACK PRESCHOOL | Type of Facility : Center [X]<br>Day [X] OST [ ]<br>Night [ ] Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>11/20/2025 |
| Facility Address:<br>161 FLOYD AVE, OZARK, AL 36360, Dale | Licensee:<br>OZARK HOUSING COMMUNITY | Telephone #:<br>(334) 443-0155 |
| Ages:<br>4 Years to 5 Years | Director (if applicable):<br>DANNIE WALKER | Capacity:<br>18 / NA<br>Day Night |

**SECTION B - DEFICIENCY INFORMATION**

| **Performance Standard Deficiency**<br>***HAZARDS MUST BE CORRECTED IMMEDIATELY****| **Date Corrected by Licensee** |
|---|---|
| **Deficiency Summary** | |
| 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<br>Comments: All staff are not enrolled in the Alabama Pathway Registry. | 1/12/2026 |
| Failed - Most recent fire inspection report within 5 years, Inspection Form<br>Comments: not posted | 11/20/2025 |
| Failed - Medical, Staff Checklist<br>Comments: expired | 12/1/2025 |

**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 corrected, 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.**

Lisa Mike _____ 1/13/26 _____

***Signature of Facility Representative*** Date

*JAY DALTON* **1/13/26**

_____

***Signature of DHR Licensing Representative*** Date

COPIES TO: Lisa Mike