

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: AMAZING BABIES CHILDCARE	Type of Facility : Center [ ] Day [X]            OST [ ] Night [ ]           Family [ ] University [ ] Group [X]	Date of Visit: 1/21/2026
Facility Address: 618 WINFREY LANE, ANNISTON, AL 36206, Calhoun	Licensee: HALIMAH BINYAMIN	Telephone #: (256) 954-1723
Ages: 8 Weeks to 12 Years	Director (if applicable):	Capacity: 12       /    NA Day       Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b> All deficiencies were corrected during the visit on 1/21/2026.	
Failed - Health and Safety Training, Staff Checklist Comments: missing 10 hours	1/16/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing 10 hours	1/21/2026
Failed - Ongoing Training, Staff Checklist Comments: missing 6 hours	1/21/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing 10 hours	1/16/2026
Failed - Medical, Staff Checklist Comments: *dated 1/18/2023 (expired)	1/21/2026
Failed - Ongoing Training, Staff Checklist Comments: missing 6 hours	1/21/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing 10 hours	1/16/2026
Failed - Immunization Certificate, Child Checklist Comments: "Immunization Record" is on file; "Alabama Certificate of Immunization" with an expiration date is required.	12/17/2025
Failed - Medication Authorization, Child Checklist Comments: Two medications are listed on one medication authorization	11/18/2025

form. \*staff stated they are no longer administering medication,  
11/18/25\*

**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 01/21/2026, 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.**

Halimah Binyamin  
*Signature of Facility Representative*

1/28/2026  
Date

SONYA LONG  
*Signature of DHR Licensing Representative*

1/21/2026  
Date

COPIES TO: licensee