

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

**SECTION A- IDENTIFYING INFORMATION**

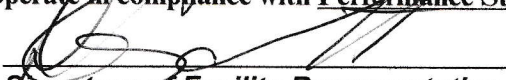
Facility Name: DEBBIE'S DAYCARE	Type of Facility : Center [ ] Day [X]      OST [ ] Night [ ]      Family [X] University [ ] Group [ ]	Date of Visit: 1/30/2026
Facility Address: 1192 DRAPER RD., TALLADEGA, AL 35160, Talladega	Licensee: DEBBIE GARRETT	Telephone #: (256) 368-7945
Ages: 6 Weeks to 5 Years	Director (if applicable): N/A	Capacity: 5      NA Day      Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
Failed - Home and grounds free of apparent hazards including abandoned automobiles unused appliances uncovered wells and cisterns stacked lumber with exposed nails explosives, Inspection Form Comments: There are two pieces of concrete in the outside play area.	1/30/2026
Failed - Tools and machinery inaccessible to children, Inspection Form Comments: There are tools (pliers and a water key) on the porch and in the outside play area.	1/30/2026
Failed - All poison kept in locked area, Inspection Form Comments: There is a gas can in the outside play area.	1/30/2026
Failed - Ongoing Training, Staff Checklist Comments: The licensee does not have 11 of the 20 required ongoing training hours.	Pending Correction
Failed - Infant -Child CPR Certification, Staff Checklist Comments: The substitute does not have current CPR certification on file in the home.	Pending Correction
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: The substitute does not have current CPR certification on file in the home.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: The child does not have a current immunization certificate.	Pending Correction

**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 02/13/2026, 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.

  
\_\_\_\_\_  
**Signature of Facility Representative**

1/30/2026  
\_\_\_\_\_  
Date

ROBIN BUSSIE

\_\_\_\_\_  
**Signature of DHR Licensing Representative**

12/30/2026

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_ Licensee \_\_\_\_\_