

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: HAY HAY'S DAYCARE AND LEARNING CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 2/4/2026
Facility Address: 14655 GAINESVILLE RD, FOSTERS, AL 35463, Tuscaloosa	Licensee: KELLY B. POWELL	Telephone #: (205) 345-8654
Ages: 6 Weeks to 12 Years	Director (if applicable): KELLY POWELL	Capacity: 42 / NA Day Night

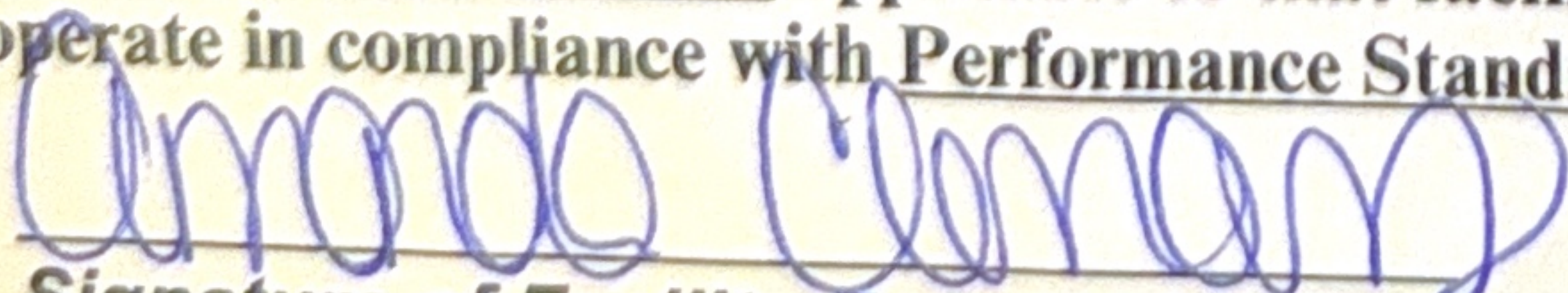
SECTION B - DEFICIENCY INFORMATION

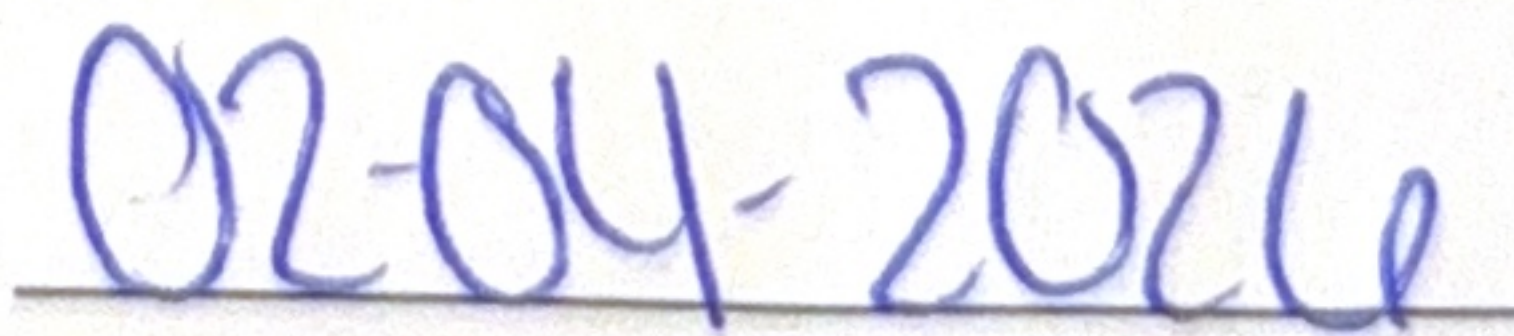
<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: incomplete	Pending Correction
Failed - No screen time for children under 2 years of age, Inspection Form Comments: Infant room 1	2/4/2026
Failed - Meals and snacks comply with requirements, Inspection Form Comments: No vegetables	Pending Correction
Failed - Drinking water without added sweeteners or carbonation readily available throughout the day, Inspection Form Comments: incomplete	Pending Correction
Failed - Menu for meals and snacks/dated, Inspection Form Comments: incomplete	2/4/2026
Failed - Health and Safety Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: incomplete	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Health and Safety Training, Staff Checklist	Pending Correction

Comments: incomplete Failed - Medical, Staff Checklist	Pending Correction
Comments: incomplete Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: incomplete Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: incomplete Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: incomplete Failed - Medical, Staff Checklist	Pending Correction
Comments: incomplete Failed - TB Test Date and Results, Staff Checklist	Pending Correction
Comments: incomplete Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: incomplete Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: incomplete Failed - Immunization Certificate, Child Checklist	Pending Correction
Comments: expired Failed - Immunization Certificate, Child Checklist	Pending Correction
Comments: expired Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / Infant	Pending Correction
Comments: incomplete Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / 3/4	Pending Correction
Comments: All shelves Failed - Hazardous substances locked, Classroom Checklist / 3/4	Pending Correction
Comments: Hand sanitizer Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / 24 -36	Pending Correction
Comments: one shelf Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / 24 -36	Pending Correction
Comments: one shelf	

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 _____, 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


Date

BRANDUL PERINE

Signature of DHR Licensing Representative

Date

COPIES TO:

State of Achievement

THIS IS TO CERTIFY THAT

Shayla Jones

HAS SUCCESSFULLY COMPLETED:

Alabama English, Reading, Write, Talk, Sing

IN THE GRADE LEVEL OF:

GRADE 12, 2005

Grade Level	Alabama English	Reading	Writing	Talking	Singing
12	100%	100%	100%	100%	100%

Lisa Hunter

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