

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: REGINA'S DAYCARE	Type of Facility : Center [ ] Day [X]      OST [ ] Night [ ]      Family [ ] University [ ] Group [X]	Date of Visit: 2/20/2026
Facility Address: 561 PIKE RD, WINFIELD, AL 35594, Marion	Licensee: REGINA LYNN HOLLINGSWORTH	Telephone #: (205) 412-5005
Ages: 6 Weeks to 12 Years	Director (if applicable): N/A	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>	
Failed - Home free of apparent hazardous conditions, Inspection Form Comments: animal feeding and water tray accessible	9/23/2025
Failed - Animal feeding/watering containers and litter boxes inaccessible to children, Inspection Form Comments: animal feeding and water tray accessible	9/23/2025
Failed - Substitutes/caregivers informed of responsibilities in case of an emergency, Inspection Form Comments: no record	10/7/2025
Failed - Licensee and each caregiver has current infant-child CPR and first aid certificate copies on file in home, Inspection Form Comments: a staff is without certification	10/7/2025
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: some staff do not have some required documents registered	1/16/2026
Failed - Records for caregivers/substitutes, Inspection Form Comments: records incomplete	10/7/2025
Failed - Children's records complete, Inspection Form Comments: file incomplete	10/7/2025
Failed - Complete record for assistant caregiver, Inspection Form Comments: record incomplete	9/7/2025

Failed - Current Driver's License, Staff Checklist Comments: expired	9/7/2025
Failed - Written verification of Emergency Procedures, Staff Checklist Comments: no record	10/7/2025
Failed - Written Verification of Standards Read, Staff Checklist Comments: no record	10/7/2025
Failed - Health and Safety Training, Staff Checklist Comments: no record	10/7/2025
Failed - Infant -Child CPR Certification, Staff Checklist Comments: no record	10/7/2025
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: no record	10/7/2025
Failed - Written verification of Emergency Procedures, Staff Checklist Comments: no record	10/7/2025
Failed - Written Verification of Standards Read, Staff Checklist Comments: no record	10/7/2025
Failed - Preadmission Form, Child Checklist Comments: no record	10/7/2025
Failed – Criminal Background Check Pending Correction Comments: expired, Ad Hoc Comments: NA	2/20/2026
Failed – Criminal Background Check, Assistant Pending Correction Comments: expired, Ad Hoc Comments: NA	2/20/2026
Failed – Criminal Background Check, Assistant Pending Correction Comments: expired, Ad Hoc Comments: NA	2/20/2026
Failed – Criminal Background Check, Assistant Pending Correction Comments: expired, Ad Hoc Comments: NA	2/20/2026

**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 N/A, 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

*Rolanda Nelson*  
*Signature of DHR Licensing Representative*

**02/20/2026**  
Date

COPIES TO: Regina Hollingsworth