

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: DAK'S HOME DAYCARE	Type of Facility : Center [] Day [X] OST [] Night [] Family [] University [] Group [X]	Date of Visit: 3/10/2026
Facility Address: 1016 BELVEDERE CIR. EAST, MOBILE, AL 36606, Mobile	Licensee: TRACY PRITCHARD	Telephone #: (251) 478-5330
Ages: 6 Weeks to 13 Years	Director (if applicable):	Capacity: 12 / 12/4 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Number of children in the care of the licensee does not exceed licensed capacity, Inspection Form Comments: On, 2/25/26, there are seven (7) children present to one (1) staff person.	2/25/2026
Failed - Outdoor play area and equipment free from apparent hazards, Inspection Form Comments: On 2/25/26, there is a red climbing sliding board with cracks and sharp edges.	3/10/2026
Failed - Fence at least 4 feet in height free from sharp protruding edges (except where prohibited by federal law), Inspection Form Comments: On 2/25/26, there is one thorn vine growing through the fence.	2/25/2026
Failed - Area free of stacked lumber construction materials firewood, Inspection Form Comments: On, 2/25/26, observed a pile of red bricks stacked on the playground, accessible to the children.	3/10/2026
Failed - Tools and machinery inaccessible to children, Inspection Form	3/10/2026

Comments: On 2/25/26, on the backside of the playground area, there are two wooden pallets, a wheel barrel, 2 ladders, a porta potty, that's accessible to the children.	
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 has expired CPR & 1st Aid, and training	2/25/2026
Failed - Medical, Staff Checklist Comments: On, 2/25/26, assistant caregiver's file has an expired Medical Report.	2/25/2026
Failed - Written Verification of Standards Read, Staff Checklist Comments: On 2/25/26, assistant caregiver has a Minimum Standards Verification Standards Read in file.	3/1/2026

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.

<i>[Handwritten Signature]</i>	<i>[Handwritten Signature]</i>
Signature of Facility Representative	Date
DEBORAH LANG-DIXON	3-18-2026
<i>[Handwritten Signature]</i>	<i>[Handwritten Signature]</i>
Signature of DHR Licensing Representative	Date
	3/10/26

COPIES TO: Mailed to licensee/

