

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: NA THERISHA FAMILY LLC	Type of Facility : Center [] Day [X] OST [] Night [X] Family [X] University [] Group []	Date of Visit: 10/23/2025
Facility Address: 5505 N. PANORAMA BLVD., MOBILE, AL 36609, Mobile	Licensee: ASHALA LATREE HAYWOOD-RAY	Telephone #: (251) 442-9495
Ages: 18 Months to 12 Years/18 Months to 12 Years	Director (if applicable):	Capacity: 5 / 5 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Vehicle safety check done annually signed and dated by a certified mechanic, Inspection Form Comments: Vehicle safety check list is expired.	10/31/2025
Failed - Medical, Staff Checklist Comments: Licensee's Medical Form is expired.	10/31/2025
Failed - Medical, Staff Checklist Comments: Substitute has an expired Medical Report.	
Failed - Infant -Child CPR Certification, Staff Checklist: Comments: Substitute Infant-Child CPR Certification is expired.	
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: Substitute Infant-Child First Aid Certification is expired.	
Failed - Immunization Certificate, Child Checklist Comments: Child's file is missing an Immunization record.	

SECRET

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

Failed - Immunization Certificate, Child Checklist

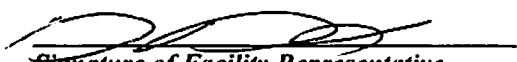
Comments: Child's Immunization is expired.

Failed - Preadmission Form, Child Checklist

Comments: There is no Preadmission Record available for enrolled child.

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 11/6/25, 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

3/5/2026
Date

DEBORAH LANG-DIXON


Signature of DHR Licensing Representative

10/23/25

Date

COPIES TO: Ashala Heywood Ray

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

CHICAGO, ILLINOIS

1963

RECEIVED

1963

1963

1963

1963

1963

1963

1963

1963

1963

1963

1963

1963