

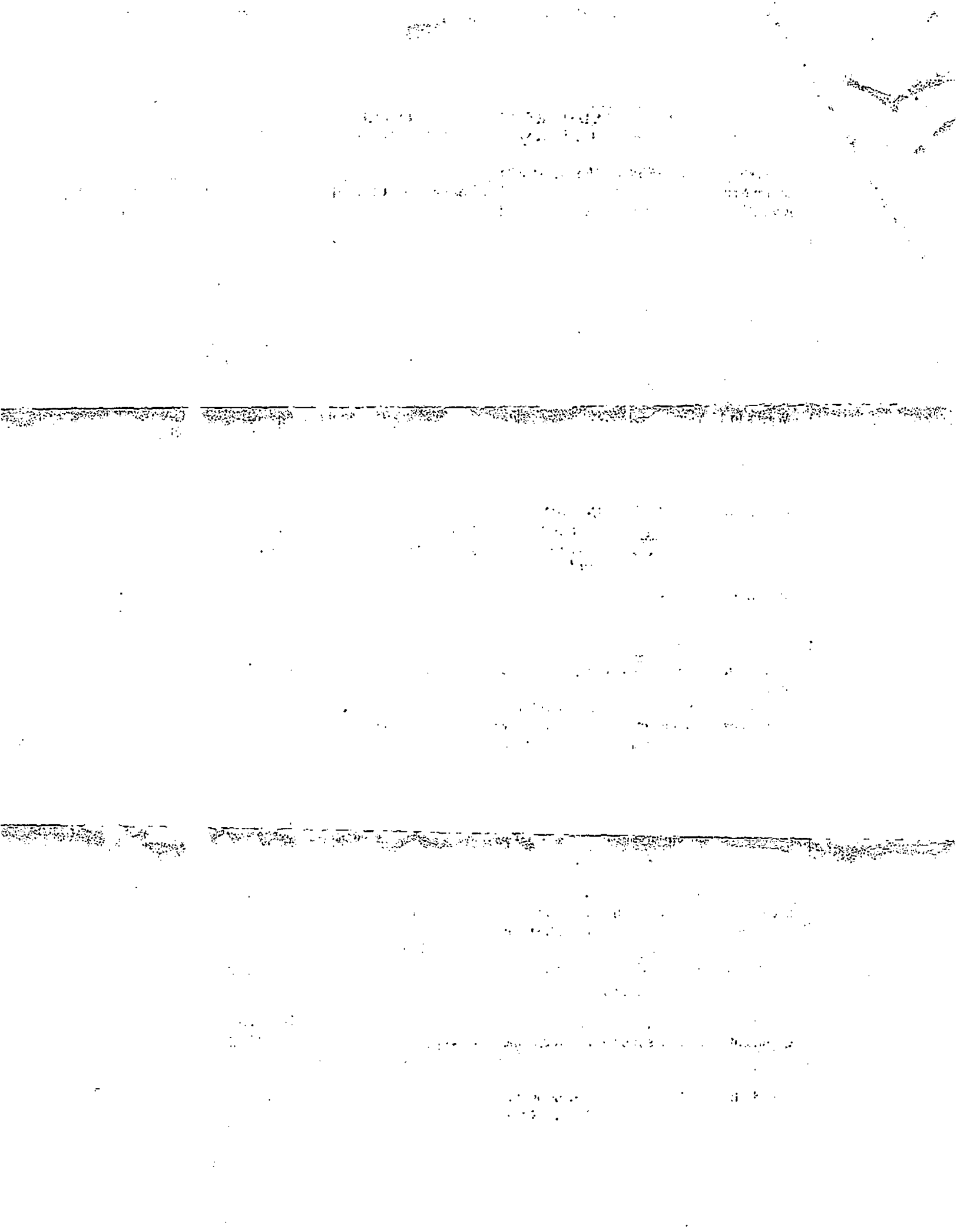
**ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT**

SECTION A - IDENTIFYING INFORMATION

Facility Name: FAMILY OF FAITH CHILD CARE	Type of Facility : Center [] Day [X] OST [] Night [] Family [] University [] Group [X]	Date of Visit: 3/26/2026
Facility Address: 10148 FERNLAND ROAD, GRAND BAY, AL 36541, Mobile	Licensee: ANNA L JAMES	Telephone #: (251) 865-0320
Ages: 6 Weeks to 12 Years	Director (if applicable):	Capacity: 12 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area and equipment free from apparent hazards, Inspection Form Comments: There is one large active ant bed on the playground. The sliding board equipment is covered with leaves and tree branch sticks. The two (2) gate doors are not secured (two doors are open).	3/6/2026
Failed - Tools and machinery inaccessible to children, Inspection Form Comments: There is a motor scooter parked on the playground and is accessible to the children	12/31/2025
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: Staff is not uploading current trainings certificates in the Alabama Pathways Professional Development Registry.	12/31/2025
Failed - Medical, Staff Checklist Comments: Licensee's file has expired in the file.	1/9/2026
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Licensee's Infant Child CPR Certification Card is expired in	1/5/2026



the file.

Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: Licensee's Infant Child 1st Aid Certification Card is expired in the file.	1/9/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Licensee's file has an expired Suitability Letter.	1/31/2026
Failed - Medical, Staff Checklist Comments: Household member's file has an expired Medical Form.	1/9/2026
Failed - Photo ID Verification, Staff Checklist Comments: Assistant's file is missing a Photo Identification Card.	12/17/2025
Failed - Medical, Staff Checklist Comments: Assistant Caregiver's file is missing a Medical Report.	2/24/2026
Failed - TB Test Date and Results, Staff Checklist Comments: Assistant Caregiver's file is missing a Medical Report.	2/26/2026
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Assistant caregiver's file is missing an Infant-Child CPR Certification Card.	1/29/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: Assistant caregiver's file is missing an Infant-Child 1st Aid Certification Card.	2/25/2026
Failed - References, Staff Checklist Comments: Assistant caregiver's file is missing three (3) reference forms.	3/30/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Assistant caregiver's file is missing a CA/N Clearance Form.	1/31/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Assistant caregiver's file is missing a Suitability Letter.	1/31/2026
Failed - Written verification of Emergency Procedures, Staff Checklist Comments: Assistant Caregiver's file is missing a Written verification of Emergency Procedure.	1/31/2026

Failed - Written Verification of Standards Read, Staff Checklist Comments: Assistant Caregiver's file is missing a Written verification of Standards Read.	12/17/2025
Failed - Ongoing Training, Staff Checklist Comments: Assistant Caregiver's file is missing Ongoing Training (12 hours).	4/30/2026
Failed - Health and Safety Training, Staff Checklist Comments: Assistant Caregiver's file is missing required Health & Safety Training Topics # 1,2,3,4,5,6,7,8,10 & 11.	12/31/2025
Failed - Ongoing Training, Staff Checklist Comments: Licensee's file is missing required 20 hours of Ongoing Trainings.	3/30/2026
Failed - Health and Safety Training, Staff Checklist Comments: Licensee's file is missing required Health & Safety Training Topics #1,2,3,4,5,6,7,8,10 & 11.	12/31/2025
Failed - Medical, Staff Checklist Comments: Substitute's file has an expired Medical Form.	3/30/2026
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Substitute's file has an expired Infant-Child CPR Certificate.	3/30/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: Substitute's File has an expired Infant-Child 1st Aid Certificate.	3/30/2026
Failed - References, Staff Checklist Comments: Substitute's file is missing three (3) Character References.	3/30/2026
Failed - Ongoing Training, Staff Checklist Comments: Substitute's file is missing required Ongoing Training 6 hours.	4/30/2026
Failed - Health and Safety Training, Staff Checklist: Comments: Substitute's file is missing required Health & Safety Training Topics # 1,2,3,4,5,6,7,8,10 & 11.	1/4/2026
Failed - Immunization Certificate, Child Checklist Comments: Child's Immunization Card is from an out of state provider.	1/9/2026

Three household members have expired medicals in their files., Ad Hoc Comments: NA	1/9/2026
The facility is missing one additional substitute ., Ad Hoc Comments: NA	1/20/2026
Facility's fire inspection report is expired., Ad Hoc Comments: NA	1/31/2026

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 4/10/26, 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.

[Handwritten Signature]
Signature of Facility Representative

3-26-26
Date

DEBORAH LANG-DIXON *[Handwritten Signature]*
Signature of DHR Licensing Representative

3/26/26
Date

COPIES TO: Anna James