

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: ETHEL HOFFMAN	Type of Facility : Center [ ] Day [X]            OST [ ] Night [ ]        Family [X] University [ ] Group [ ]	Date of Visit: 3/31/2026
Facility Address: 2291 CRYSTAL KEY, MOBILE, AL, 36695, Mobile	Licensee: ETHEL HOFFMAN	Telephone #: (251) 586-8789
Ages: 6 Weeks to 12 Years	Director (if applicable):	Capacity: 5        /    NA Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency</b> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	<b>Date Corrected by</b> <b>Licensee</b>
<b>Deficiency Summary</b>	
*On March 31, 2026, all deficiencies were corrected.	
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 members are not registered or enrolled in Alabama Pathways.	3/31/2026
Failed - Certificate of rabies vaccination, Inspection Form Comments: There are two expired rabies certificates in the animals file.	11/19/2025
Failed - Ongoing Training, Staff Checklist Comments: Licensee has 17 hours of required Ongoing Training Certificates, but will need 3 more to be compliant for Ongoing Trainings.	11/19/2025
Failed - Health and Safety Training, Staff Checklist Comments: Licensee's file is missing required Health & Safety Training Certificates # 1, 2,3,4,5,6,7,8,10 & 11.	3/31/2026
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Substitute's file has an expired Infant-Child CPR Certification.	3/31/2026

Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: Substitute's file has an expired Infant-Child CPR First-Aid Certification.	3/31/2026
Failed - Ongoing Training, Staff Checklist Comments: Substitute's file is missing required 3 hours of Ongoing Training Certificates.	3/31/2026
Failed - Health and Safety Training, Staff Checklist Comments: Substitute's file is missing required Health & Safety Training Certificates # 1.2.3.4.5.6.7.8 10 & 11.	3/31/2026

**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 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.

Ethel Hoffman  
Signature of Facility Representative

4-17-26  
Date

DEBORAH LANG-DIXON Deborah Lang Dixon  
Signature of DHR Licensing Representative

3/31/26  
Date

COPIES TO: Ethel Hoffman