ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [ ]	Date of Visit:
COLLARD PATCH DAYCARE	Day [X] OST [ ] Night [ ] Family [X] University [ ] Group [ ]	3/26/2026
Facility Address:	Licensee:	Telephone #:
13915 WILLOW VIEW LN, NORTHPORT, AL 35475, Tuscaloosa	HEATHER COLLARD	(205) 792-3553
Ages:	Director (if applicable):	Capacity:
6 Weeks to 5 Years	NA	6 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: Provider & substitute are individually in Pathways, but not under Collard Patch Daycare.	4/9/2026
Failed - Immunization Certificate, Child Checklist Comments: Child's Immunization Form has expired.	4/6/2026
Failed - Immunization Certificate, Child Checklist Comments: Child's Immuniztion Form has expired.	4/6/2026

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.

Heather Collard 4/1/26

Signature of Facility Representative Date

CYNTHIA BROWN

4/1/2026

Signature of DHR Licensing Representative Date

COPIES TO: Licensee