

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: DEBORAH'S DAY CARE & KINDERGARTEN	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 4/14/2026
Facility Address: 2402 HAMMONDS AVENUE, HUNTSVILLE, AL 35816, Madison	Licensee: DEBORAH WILKINS	Telephone #: (256) 533-4115
Ages: 2 Days to 6 Years	Director (if applicable): DEBORAH WILKINS	Capacity: 41 / NA 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 - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: All staff are not enrolled in Alabama Pathways as of 4/14/26.	Pending Correction
Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form Comments: On 4/14/26, all staff's infant-child CPR and first aid certifications were expired.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Training hours are missing as of 4/14/26.	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Training hours are missing as of 4/14/26.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Training hours are missing as of 4/14/26.	Pending Correction
Failed - Health and Safety Training, Staff Checklist	Pending Correction

Comments: Training hours are missing as of 4/14/26.

Failed - Ongoing Training, Staff Checklist

Pending Correction

Comments: Training hours are missing as of 4/14/26.

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Pending Correction

Comments: Training hours are missing as of 4/14/26.

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 4/28/26, 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.

Signature of Facility Representative

Date

AJOLA MCGHEE

4/14/26

Signature of DHR Licensing Representative

Date

COPIES TO: _____ Center _____