

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: BOGG'S FAMILY HOME DAYCARE	Type of Facility : Center [] Day [X] OST [] Night [X] Family [X] University [] Group []	Date of Visit: 4/15/2026
Facility Address: 1304 BAY AVENUE, MOBILE, AL 36605, Mobile	Licensee: JESSIE MAE BOGGS	Telephone #: (251) 438-6833
Ages: 4 Weeks to 6 Years/18 Months to 6 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 - Licensee and each caregiver has current infant-child CPR and first aid certificate copies on file in home, Inspection Form Comments: EXPIRED	Pending Correction
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: INFORMATION UPLOADED TO ALABAMA PATHWAYS IS INCOMPLETE.	Pending Correction
Failed - Infant -Child CPR Certification, Staff Checklist Comments: NOT IN FILE	4/15/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: NOT IN FILE	4/15/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: WRONG TYPE OF BACKGROUND CHECK	4/15/2026
Failed - Medical, Staff Checklist Comments: NOT IN FILE	Pending Correction
Failed - TB Test Date and Results, Staff Checklist Comments: NOT IN FILE	Pending Correction

Failed - Infant -Child CPR Certification, Staff Checklist Comments: NOT IN FILE	Pending Correction
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: NOT IN FILE	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: WRONG TYPE OF BACKGROUND CHECK	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: INCOMPLETE	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: INCOMPLETE	Pending Correction

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 04/29/26 _____, 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.

Essie M W Bogan
Signature of Facility Representative

04/15/26

Date

OLIVA JACKSON

04/15/26

Signature of DHR Licensing Representative

Date

COPIES TO: ARISE/LICENSEE