

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: SHIRLEY ANN MADDUX	Type of Facility : Center [] Day [X] OST [] Night [] Family [X] University [] Group []	Date of Visit: 5/6/2026
Facility Address: 1101 N. 3 NOTCH STREET, TROY, AL 36081, Pike	Licensee: SHIRLEY MADDUX	Telephone #: (334) 566-5426
Ages: 6 Weeks to 10 Years	Director (if applicable):	Capacity: 6 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> 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: Some of the facility staff are not enrolled in Alabama Pathways Registry.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Missing documentation	Pending Correction
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Failed - Preadmission Form, Child Checklist Comments: Missing documentation	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 _____, 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.

SHIRLEY MADDOX

Signature of Facility Representative

AMY HORN

Signature of DHR Licensing Representative

Date

Date

COPIES TO: _____