

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: SMALL TOWN FAMILY CHILDCARE	Type of Facility : Center [] Day [X] OST [] Night [] Family [X] University [] Group []	Date of Visit: 4/30/2026
Facility Address: 31045 HIGHWAY 17, REFORM, AL 35481, Pickens	Licensee: MELISSA MARIE FINDLEY	Telephone #: (662) 549-8999
Ages: 6 Weeks to 5 Years	Director (if applicable): NA	Capacity: 5 / 5 Day Night

SECTION B - DEFICIENCY INFORMATION

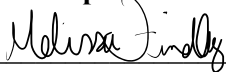
Performance Standard Deficiency <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: On 4/30/26, the substitute's training is not in Pathways.	4/30/2026
Failed - Medical, Staff Checklist Comments: On 4/30/26, this household member's medical has expired.	5/11/2026
Failed - Medical, Staff Checklist Comments: On 4/30/26, thia household member's medical has expired.	5/18/2026
Failed - Medical, Staff Checklist Comments: On 4/30/26, this household member's medical has expired.	5/5/2026
Failed - Medical, Staff Checklist Comments: On 4/30/26, the licensee's medical has expired.	5/5/2026
Failed - Ongoing Training, Staff Checklist Comments: On 4/30/26, the substitute didn't have Ongoing Training on file.	5/5/2026
Failed - Health and Safety Training, Staff Checklist Comments: On 4/30/26, the substitute didn't have Health & Safety Training on file.	5/5/2026
Failed - Immunization Certificate, Child Checklist Comments: On 4/30/26, this child's immunization form has expired.	5/4/2026

Failed - Immunization Certificate, Child Checklist
Comments: On 4/30/26, this child's immunization form has expired.

5/1/2026

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.


Signature of Facility Representative

CYNTHIA BROWN

Signature of DHR Licensing Representative

5-18-2026

Date

5/18/2026

Date

COPIES TO: Licensee