ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: VICKEY BLAYLOCK'S DAYCARE	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [X] University [ ] Group [ ]	Date of Visit: 5/29/2026
Facility Address: 150 FLYNN STREET, SULLIGENT, AL 35586, Lamar	Licensee: VICKEY BLAYLOCK	Telephone #: (205) 712-3398
Ages: 7 Days to 12 Years	Director (if applicable): N/A	Capacity: 6 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Ongoing Training, Staff Checklist Comments: On 5/6/2026, some current performance trainings are not complete.	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: On 5/6/2026, there are no current health and safety trainings complete.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: On 5/6/2026, current performance trainings are not complete.	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: On 5/6/2026, there are no current health & safety trainings complete.	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 06/12/2026, 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.

Vickey Blaylock _____ 5-29-26 _____
Signature of Facility Representative Date

Rolanda Nelson _____ **05/29/2026** _____
Signature of DHR Licensing Representative Date

COPIES TO: Vickey Blaylock