

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: DELIVERANCE MIN. CHILDCARE & LEARN. CTR.	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 7/16/2026
Facility Address: 218 E HICKORY STREET, BAY MINETTE, AL 36507, Baldwin	Licensee: DELIVERANCE MINISTRY OF JESUS CHRIST	Telephone #: (251) 937-9964
Ages: 6 Weeks to 12 Years	Director (if applicable):	Capacity: 94 NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
ALL DEFICIENCIES CORRECTED AND VERIFIED THROUGH ARISE.	
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	7/31/2026
Comments: Not all staff are enrolled in Pathways.	
Failed - Vehicle safety check done annually, signed by certified mechanic, dated, and filed in center, Inspection Form	8/12/2026
Comments: Missing documentation	
Failed - Medical, Staff Checklist	7/30/2026
Comments: Expired	
Failed - Medical, Staff Checklist	8/14/2026
Comments: Incomplete	
Failed - Written Verification of Standards Read, Staff Checklist	7/30/2026
Comments: Missing documentation	
Failed - Medical, Staff Checklist	7/30/2026
Comments: Incomplete	
Failed - Medical, Staff Checklist	7/31/2026
Comments: Expired	
Failed - Medical, Staff Checklist	7/30/2026
Comments: Expired	
Failed - Medical, Staff Checklist	7/30/2026
Comments: Expired	
Failed - Verification of Education, Staff Checklist	7/30/2026

Comments: Missing documentation
Failed - Preadmission Form, Child Checklist
Comments: Incomplete - Missing signatures
Failed - Preadmission Form, Child Checklist
Comments: Incomplete- Missing signatures
Failed - Preadmission Form, Child Checklist
Comments: Incomplete

7/30/2026

7/31/2026

7/30/2026

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 _____, 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.

DERRICA BISH
Signature of Facility Representative

08/14/26
Date

LaDanika York

Signature of DHR Licensing Representative

08/14/26

Date

COPIES TO: _____ Facility _____