

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

**SECTION A- IDENTIFYING INFORMATION**

|                                                                      |                                                                                                                                                 |                                                            |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Facility Name:<br>CONNIE 'S HOME DAYCARE                             | Type of Facility : Home [ ]<br>Day [X]                      OST [ ]<br>Night [ ]                      Family [ ]<br>University [ ]<br>Group [X] | Date of Visit:<br>8/19/2026                                |
| Facility Address:<br>122 GARFIELD DRIVE, JASPER, AL<br>35504, Walker | Licensee:<br>CONNIE ALEXANDER                                                                                                                   | Telephone #:<br>(205) 522-5509                             |
| Ages:<br>1 Years to 12 Years                                         | Director (if applicable):<br>N/A                                                                                                                | Capacity:<br>12            /    NA<br>Day            Night |

**SECTION B - DEFICIENCY INFORMATION**

| <b><u>Performance Standard Deficiency</u></b><br><b><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i></b>                            | <b>Date Corrected by<br/>Licensee</b> |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Deficiency Summary</b>                                                                                                        |                                       |
| Failed - Written verification of Emergency Procedures, Staff Checklist<br>Comments: On 8/19/2026, there is no verification form. | Pending Correction                    |
| Failed - Written Verification of Standards Read, Staff Checklist<br>Comments: On 8/19/2026, there is no verification form.       | Pending Correction                    |
| Failed - Written verification of Emergency Procedures, Staff Checklist<br>Comments: On 8/19/2026, there is no verification form. | Pending Correction                    |
| Failed - Written Verification of Standards Read, Staff Checklist<br>Comments: On 8/19/2026, there is no verification form.       | 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 09/02/2026, 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.

Connie Alexander  
**Signature of Facility Representative**

8-19-2026  
 Date

Rolanda Nelson  
**Signature of DHR Licensing Representative**

08/19/2026  
 Date

COPIES TO: Connie Alexander