ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: DEBORA A SANDERS	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [X] University [ ] Group [ ]	Date of Visit: 7/17/2026
Facility Address: 40 GRACE CHAPEL TRAIL, PIKE ROAD, AL 36064, Montgomery	Licensee: DEBORA SANDERS	Telephone #: (334) 647-1507
Ages: 0 Weeks to 5 Years	Director (if applicable):	Capacity: 6 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary All deficiencies corrected effective 09/03/2026.	
Failed - Area free of stacked lumber construction materials firewood, Inspection Form Comments: There is a stacked wood pile on the playground.	8/13/2026
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: All staff information is not current in AL Pathways.	8/19/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Suitability letter on file has expired.	7/31/2026
Failed - Ongoing Training, Staff Checklist Comments: Staff is missing 18 hours of ongoing training.	8/19/2026
Failed - Health and Safety Training, Staff Checklist Comments: Staff is missing 4 hours of health and safety training.	8/19/2026
Failed - Application, Staff Checklist Comments: Staff application is incomplete.	8/19/2026

Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Suitability letter on file has expired.	7/31/2026
Failed - Ongoing Training, Staff Checklist Comments: Staff is missing 6 hours of ongoing training.	7/31/2026
Failed - Health and Safety Training, Staff Checklist Comments: Staff is missing 11 hours of health and safety training.	7/31/2026

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 — Date: 10/22/2026

Natalie Sumrall

Signature of DHR Licensing Representative — Date: 10/22/2026

COPIES TO: Licensee