ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: MINI BLESSINGS DAYCARE LLC	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 9/10/2026
Facility Address: 6914 FIRST AVENUE NORTH, BIRMINGHAM, AL 35206, Jefferson	Licensee: MINI BLESSINGS DAYCARE LLC	Telephone #: (205) 836-1038
Ages: 6 Weeks to 13 Years	Director (if applicable):	Capacity: 46 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Containers labeled, Inspection Form Comments: On 9/10/26, there was an unlabeled spray bottle filled with a liquid substance on the cubbies in the hallway.	Pending Correction
Failed - Children younger than 2 ½ grouped separately, Inspection Form Comments: On 9/10/26, children younger than two and a half were napping/ resting with children over two and a half.	Pending Correction
Failed - Infants not seated for more than 15 minutes, Inspection Form Comments: On 9/10/26, infants were seated in bouncers for over fifteen (15) minutes.	Pending Correction
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 Comments: On 9/10/26, all staff were not enrolled in Alabama Pathways.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: On 9/10/26, ongoing training hours were missing.	Pending Correction

Failed - Health and Safety Training, Staff Checklist Comments: On 9/10/26, health and safety training hours were missing.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: On 9/10/26, ongoing training hours were missing.	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: On 9/10/26, health and safety training hours were missing.	Pending Correction
Failed - Medical, Staff Checklist Comments: On 9/10/26, the staff person's medical was expired.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: On 9/10/26, ongoing training hours were missing.	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: On 9/10/26, health and safety training hours were missing.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: On 9/10/26, ongoing training hours were missing.	Pending Correction
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Failed - Health and Safety Training, Staff Checklist Comments: On 9/10/26, health and safety training hours were missing.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: On 9/10/26, a signature was missing from page two (2) of the form.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: On 9/10/26, the immunization certificate was expired.	Pending Correction

Failed - Barriers around heaters, fans, Classroom Checklist / Insightful Owls Comments: On 9/10/26, there was no barrier around the fan in the classroom.	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 ____9/24/26_____, 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.

DeMeka Bozeman _____ 9/10/26 _____
Signature of Facility Representative Date

AJOIA MCGHEE **9/10/26**
_____ _____
Signature of DHR Licensing Representative Date

COPIES TO: ___Center_____