

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: NA THERISHA FAMILY LLC	Type of Facility : Center [] Day [X] OST [] Night [X] Family [X] University [] Group []	Date of Visit: 9/11/2026
Facility Address: 5505 N. PANORAMA BLVD., MOBILE, AL 36609, Mobile	Licensee: ASHALA LATREE HAYWOOD-RAY	Telephone #: (251) 442-9495
Ages: 13 Months to 13 Months/12 Years to 12 Years	Director (if applicable):	Capacity: 5 / 5 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary All deficiencies were corrected during visit on 9/11/26.	
Failed - Medication for children or household members locked, Inspection Form Comments: There is an epinephrine pen is in the refrigerator that's not under lock and key/combo combination lock.	8/4/2026
Failed - Transportation Checklist used for transporting by vehicle or walking, Inspection Form Comments: Transportation Checklist is not available.	8/18/2026
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: Some staff is not enrolled in Alabama Pathways Professional Development Professional Development Registry.	9/12/2026
Failed - Ongoing Training, Staff Checklist Comments: Licensee is missing 6 hours of ongoing training in file.	8/18/2026
Failed - Health and Safety Training, Staff Checklist Comments: Licensee is missing health & safety training certificate topics # 6 & 7.	8/18/2026
Failed - Medical, Staff Checklist Comments: Substitute's medical is expired in the file.	8/18/2026
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Substitute's Infant -Child CPR Certification is expired in the file.	8/18/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist	8/18/2026

Comments: Substitute's Infant -Child First Aid Certificate is expired in the file.

Failed - Health and Safety Training, Staff Checklist

8/19/2026

Comments: Substitute's file is missing health & safety training topics # 5, 6, 7, 8, 9, 10 & 11.

Failed - Health and Safety Training, Staff Checklist

8/19/2026

Comments: Substitute's file is missing all topics of health & safety training topics.

Failed - Preadmission Form, Child Checklist

8/18/2026

Comments: Child's Preadmission record is incomplete.

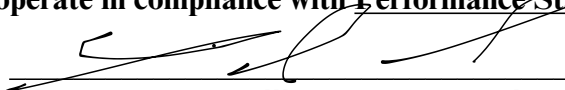
Failed - Preadmission Form, Child Checklist

8/17/2026

Comments: Child's Preadmission Record is incomplete; missing parent/guardian employment information.

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.



Signature of Facility Representative

DEBORAH LANG-DIXON

Signature of DHR Licensing Representative

9.11.26

Date

9.11.2026

Date

COPIES TO: _____