

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: NORTH SUMTER DAY CARE CENTER, INC.	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/15/2026
Facility Address: 3585 COUNTY ROAD 34, PANOLA, AL 35477, Sumter	Licensee: NORTH SUMTER DAY CARE CENTER, INC.	Telephone #: (205) 455-2895
Ages: 6 Weeks to 5 Years	Director (if applicable): CALLIE MOSS	Capacity: 29 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: weeds protruding the fenceline	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: missing	Pending Correction
Failed - References, Staff Checklist Comments: missing	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: missing	Pending Correction
Failed - References, Staff Checklist Comments: missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing first aid	Pending Correction

Failed - Photo ID Verification, Staff Checklist Comments: missing	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: missing	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: missing	Pending Correction
Failed - References, Staff Checklist Comments: missing	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 09-29-2026, 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.

Callie Mass
Signature of Facility Representative

09/15/2026
Date

KAMILA CROWELL
[Signature]
Signature of DHR Licensing Representative

09-15-2026
Date

COPIES TO: director

Failed - Photo ID Verification Staff Checklist	Pending Correction
Comments: missing	
Failed - Photo ID Verification Staff Checklist	Pending Correction
Comments: missing	
Failed - Photo ID Verification Staff Checklist	Pending Correction
Comments: missing	
Failed - Reference Staff Checklist	Pending Correction
Comments: missing	

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 initials in Column 2. This form must be returned to the Department of Human Resources on or before 06-15-2020 as verification that deficiencies have been corrected.

NOTICE: Any misreading or misstatement of report 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

Signature of DHR Licensing Representative

Date 06-15-2020

Date