

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: SHIRLEY ALLEN	Type of Facility : Center [] Day [X] OST [] Night [X] Family [X] University [] Group []	Date of Visit: 9/22/2026
Facility Address: 4015 WRIGHT CIRCLE, RAINBOW CITY, AL 35906, Etowah	Licensee: SHIRLEY ALLEN	Telephone #: (256) 442-1192
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable):	Capacity: 6 / 6 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Each child signed in and signed out with a written signature or a biometric ID, Inspection Form Comments: two children who were present were not signed in with a signature.	9/2/2026
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Expired	9/3/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: Expired	9/2/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Does not include the required CCDBG criteria	9/16/2026
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Expired	9/3/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: Expired	9/3/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Does not include the CCDBG criteria	9/3/2026
Failed - Preadmission Form, Child Checklist Comments: Missing page 2	9/7/2026
Failed - Immunization Certificate, Child Checklist	9/3/2026

Comments: missing alabama immunization certificate

One staff/household member does not have a current suitability letter including CCDBG criteria., Ad Hoc Pending Correction
Comments: NA

One household member does not have a medical form/TB skin test on file., Ad Hoc Pending Correction
Comments: NA

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 10/6/2026, 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.

Shirley Allen

9/22/2026

Signature of Facility Representative

Date

SONYA LONG

9/22/2026

Signature of DHR Licensing Representative

Date

COPIES TO: __Licensee____