ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: MARY'S HOME DAYCARE	Type of Facility : Home [ ] Day [X] OST [ ] Night [ ] Family [X] University [ ] Group [ ]	Date of Visit: 10/8/2026
Facility Address: 358 REBECCA DRIVE, HALEYVILLE, AL 35565, Winston	Licensee: MARY ANDERSON	Telephone #: (205) 269-5226
Ages: 6 Weeks to 6 Years	Director (if applicable): N/A	Capacity: 6 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: Staff trainings including CPR/FA are not uploaded in Pathways	10/8/2026
Failed - Certificate of rabies vaccination, Inspection Form Comments: Rabies shots are expired.	10/8/2026
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Expired	10/8/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: Expired	9/8/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing 6hrs.	10/8/2026

Failed - Health and Safety Training, Staff Checklist Comments: Expired	10/8/2026
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Expired	9/24/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: Expired	9/24/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Expired	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Parental signatures are missing on form.	10/8/2026

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 ____10/22/2026____, 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.

Mary Anderson _____ 10-8-26 _____

Signature of Facility Representative Date

Rolanda Nelson _____ 10/08/2026 _____

Signature of DHR Licensing Representative Date

COPIES TO: Mary Anderson