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: 10/8/2026
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.	10/8/2026
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.	10/8/2026
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.	10/8/2026
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.	10/8/2026
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.	10/8/2026
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.	10/8/2026
Failed - Ongoing Training, Staff Checklist Comments: On 9/10/26, ongoing training hours were missing.	Pending Correction
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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.	10/8/2026
Failed - Preadmission Form, Child Checklist Comments: On 9/10/26, a signature was missing from page two (2) of the form.	10/8/2026
Failed - Immunization Certificate, Child Checklist Comments: On 9/10/26, the immunization certificate was expired.	10/8/2026

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
On 9/25/26, two (2) infants were grouped with five (5) preschoolers. , Ad Hoc Comments: NA	10/8/2026
On 9/25/26, ratios were not maintained in the center. , Ad Hoc Comments: NA	10/8/2026
On 9/25/26, there was one (1) staff person in the building with seven (7) children present. , Ad Hoc Comments: NA	10/8/2026
On 9/25/26, there was no staff person present with infant/child CPR/ first aid. , Ad Hoc Comments: NA	10/8/2026
On 9/10/26, per staff statement, on 8/27/26 the driver of the van did not check each seat at each location. , Ad Hoc Comments: NA	Pending Correction
On 9/10/26, per staff statement, on 8/27/26, the transportation checklist was not used as required. , Ad Hoc Comments: NA	Pending Correction
On 9/10/26, per staff statement, on 8/27/26 a seven (7) year old child was left on the van unsupervised for an undetermined amount of time. , Ad Hoc Comments: NA	Pending Correction
An incident in which the health, welfare, and safety of a child was at risk was not reported within twenty four (24) hours to The Department. , Ad Hoc Comments: NA	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 _____, 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 _____ 10/08/26 _____

Signature of Facility Representative Date

AJOIA MCGHEE **10/8/26**

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____Center_____