

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: MT. ARARAT LEARNING AND DEVELOPMENT CTR.	Type of Facility: Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 04/16/2025
Facility Address: 7172 OLD MILITARY ROAD, THEODORE, AL 36582, Mobile	Licensee: MT. ARARAT MISSIONARY BAPTIST CHURCH	Telephone #: (251) 653-6201
Ages: 6 Weeks to 12 Years	Director (if applicable): SHYTIRIA PARKER	Capacity: 90 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

[illegible]

Failed - Preadmission Form, Child Checklist
Comments: Missing Documentation
Failed - Preadmission Form, Child Checklist
Comments: Missing Documentation
Some of the facility staff are not enrolled in the Alabama
Pathway's Registry., Ad Hoc
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 _____, 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

Amy Horn



Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____