

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: MS. SHA'S HOME DAY CARE	Type of Facility: Center [] Day [X] OST [] Night [] Family [] University [] Group [X]	Date of Visit: 05/14/2025
Facility Address: 10 9TH STREET S, PELL CITY, AL 35125, Shelby	Licensee: KIMBERLY SHA HOLLIS	Telephone #: (205) 338-5437
Ages: 6 Weeks to 11 Years	Director (if applicable):	Capacity: 12 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

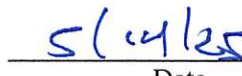
<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Records for caregivers/substitutes, Inspection Form Comments: one file is incomplete	
Failed - Children's records complete, Inspection Form Comments: one file is incomplete	
Failed - Verification of Education, Staff Checklist Comments: missing	
Failed - Health and Safety Training, Staff Checklist Comments: missing	
Failed - Preadmission Form, Child Checklist Comments: missing signatures on page 2	
Failed - Immunization Certificate, Child Checklist Comments: expired 5/7/25	

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 5/28/25, 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



Date

sonya long

Signature of DHR Licensing Representative

5/14/25

Date

COPIES TO: ___ licensee _____