

Sign & date  
Return in envelope

ALABAMA DEPARTMENT OF HUMAN RESOURCES  
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: MS. JOANN'S DAYCARE	Type of Facility: Center [ ] Day [X]      OST [ ] Night [ ]      Family [X] University [ ] Group [ ]	Date of Visit: 05/21/2025
Facility Address: 444 COTTONHILL ROAD, EUFAULA, AL 36027, Barbour	Licensee: JOANN A. MCKEMY	Telephone #: (334) 703-0618
Ages: 6 Weeks to 12 Years	Director (if applicable):	Capacity: 6 / NA Day      Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
<b>Deficiency Summary</b>	
Failed - Home free of apparent hazardous conditions, Inspection Form Comments: Antibacterial soap not under lock and key or combination lock in bathroom and kitchen.	6-2-25
Failed - Dangerous substances locked, Inspection Form Comments: Antibacterial soap not under lock and key or combination lock in bathroom and kitchen.	6-2-25
Failed - Clear glass doors marked at child level, Inspection Form Comments: Clear glass door is not marked.	6-3-25
Failed - Number of cribs that meet US consumer Product Safety Act of 2008:, Inspection Form Comments: No manufactured date for crib.	6-3-25
Failed - Outdoor play area and equipment free from apparent hazards, Inspection Form Comments: Electrical outlet uncovered on patio. Vines on fence. Climbing apparatus and seesaw airplane not anchored. Wasp nest inside toy kitchen. Off spray on patio not under lock and key or combination lock.	6-3-25

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Failed - Outdoor play equipment not designed to be portable anchored, Inspection Form

6-3-25

Comments: Climbing apparatus and seesaw airplane not anchored.

Failed - Home and grounds free of apparent hazards including abandoned automobiles unused appliances uncovered wells and cisterns stacked lumber with exposed nails explosives, Inspection Form

6-3-25

Comments: indoor and outdoor hazards

Failed - All poison kept in locked area, Inspection Form

05/22/2025

Comments: Off spray on patio not under lock and key or combination lock.

Failed - Licensee and each caregiver has current infant-child CPR and first aid certificate copies on file in home, Inspection Form

6-3-25

Comments: CPR & first aid is expired.

Failed - Fire, Inspection Form

6-2-25

Comments: No documentation.

Failed - Tornado, Inspection Form

6-2-25

Comments: No documentation.

Failed - Lockdown, Inspection Form

6-2-25

Comments: No documentation.

Failed - Relocation, Inspection Form

6-2-25

Comments: No documentation.

Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form

6-3-25

Comments: None of the facility staff are enrolled in the Alabama Pathways Registry.

Failed - Diapering area washable cleaned and disinfected after each use, Inspection Form

4-23-25

Comments: Diapering area is not clean and disinfected after each use.

Failed - Special foods for children labeled with child's name and stored as directed, Inspection Form

4-23-25

Comments: Baby bottle not labeled with child's name.

Failed - Certificate of rabies vaccination, Inspection Form Comments: Certificate is not on file in the home.	6-5-25
Failed - Children's records complete, Inspection Form Comments: Missing documentation.	6-2-25
Failed - Physical/structural changes to home or grounds reported in advance, Inspection Form Comments: Installed gate was not reported to the Department.	6-2-25
Failed - Record for licensee/household member, Inspection Form Comments: Missing documentation.	6-2-25
Failed - Records for caregivers/substitutes, Inspection Form Comments: Missing documentation.	6-2-25
Failed - Current Driver's License, Staff Checklist Comments: Missing photo ID.	6-2-25
Failed - Photo ID Verification, Staff Checklist Comments: Photo ID missing.	6-2-25
Failed - Health and Safety Training, Staff Checklist Comments: Missing required training.	6-4-25
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Expired CPR certification.	6-3-25
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: Expired First Aid certification.	6-3-25
Failed - Ongoing Training, Staff Checklist Comments: Missing required training.	6-2-25
Failed - Health and Safety Training, Staff Checklist Comments: Missing required training.	6-2-25
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Expired CPR certification.	6-2-25
Failed - Infant -Child First Aid Certificate, Staff Checklist	6-2-25

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Comments: Expired First Aid certification.

Failed - Application, Staff Checklist *6-2-25*  
 Comments: Missing application.

Failed - Photo ID Verification, Staff Checklist *6-2-25*  
 Comments: Photo ID missing.

Failed - Current Driver's License, Staff Checklist *6-2-25*  
 Comments: Missing photo ID.

Failed - Immunization Certificate, Child Checklist *6-2-25*  
 Comments: Expired Immunization.

Failed: A current certificate of rabies vaccination shall be on file in the home for any animal required by law to be vaccinated. No current vaccination on file in the home., Ad Hoc *6-5-25*  
 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 *6/6/25*, 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.

*Amy Horn*  
 \_\_\_\_\_  
 Signature of Facility Representative

*6-5-25*  
 \_\_\_\_\_  
 Date

*Amy Horn*  
 \_\_\_\_\_  
 Signature of DHR Licensing Representative

*5/22/25*  
 \_\_\_\_\_  
 Date

COPIES TO *mailed to licensee*  
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