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.

Indat Ayala — 5/23/25

Signature of Facility Representative — Date

Jay Dalton

Signature of DHR Licensing Representative — Date

COPIES TO: _____

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: MOTHER GOOSE KINDERGARTEN	Type of Facility:Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 05/13/2025
Facility Address: 787 N. PARK AVENUE, DOTHAN, AL, 36303, Houston	Licensee: MCCULLOUGH KINDERGARTEN INC.	Telephone #: (334) 792-5913
Ages: 18 Months to 10 Years	Director (if applicable): GIDGET AGUILAR	Capacity: 37 / 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, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: Some staff are not enrolled in the Alabama Pathway register.	05/15/2025
Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: in the 18month to 2 1/2-year-old room there was disinfectant spray not locked up.	05/15/2025
Failed - Medical, Staff Checklist Comments: expired	05/23/2025
Failed - Medical, Staff Checklist Comments: expired	05/23/2025
Failed - Medical, Staff Checklist Comments: expired	05/23/2025
Failed - Hazardous substances locked, Classroom Checklist / k-2 Comments: Disinfectant spray was not locked up.	05/13/2025

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