ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE HEALTH & SAFETY GUIDELINES DEFICIENCY REPORT

SECTION A - IDENTIFYING INFORMATION

Facility Name: Hueytown Intermediate School	Type of Facility: Day [X] Night [ ] Both [ ]	Date of Visit: 6 / 25 / 24 (month / day / year)
Facility Address: 1950 Intermediate School Road Hueytown AL, 35023		Telephone #: (205) 379-5670
Ages: 5yrs day / 12yrs night	Staff in Charge (if applicable): Dr. Rush/Layla Water	Capacity: 42 day / X night

SECTION B - DEFICIENCY INFORMATION

Column 1 — Health & Safety Guidelines Deficiency	Column 2 Date Corrected
X (1) There are open space at the bottom of the playground black fence by the air conditioners.	

INSTRUCTIONS TO PERSON IN CHARGE: *Column 2, Date Corrected 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* 7/8/24 TW *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 Health & Safety Guidelines. A facility approved by the Department must meet Health & Safety Guidelines applicable to that facility at all times. It is the responsibility of the facility to operate in compliance with Health & Safety Guidelines.

Signature of Facility Representative Layla Waters *Date* 6/25/24

Signature of DHR Representative Edwin Ward *Date* 6/25/24

COPIES TO: