DHR-DFC-1926

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A - IDENTIFYING INFORMATION

Facility Name:	Type of Facility:	Date of Visit:
Melanie Dean	Day ☒ Night ☐ Family ☒ Group ☐ Center ☐ S.A.P. ☐	6 / 12 / 24 (month / day / year)
Facility Address: 2960 Highway 68 West Scottsboro, AL 35983	**Licensee:** Melanie Dean	**Telephone #:** (256) 399-7099
Ages: 6 wks to 12 yrs (day) x to X (night)	**Director** *(if applicable)*:	**Capacity:** 6 (day) / X (night)

SECTION B - DEFICIENCY INFORMATION

Column 1	Performance Standard Deficiency **HAZARDS MUST BE CORRECTED IMMEDIATELY**	*Column 2* Date Corrected by Licensee
There are no deficiencies noted in today's visit. All Performance Standards have been met, with no deficiencies noted at this time, therefore it is recommended that the above licensee Melanie Dean be granted renewal from 6/6/24 through 6/6/26 for 6 number of children, from 5:00 AM to 5:30 PM.		

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 NA, 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 meet Performance Standards applicable to that facility at all times. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Signature of Facility Representative Melanie Dean *Date* 6/12/24

Signature of DHR Licensing Representative [signature] *Date* 6/12/24

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