ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A - IDENTIFYING INFORMATION

Facility Name: Angela Norred	**Type of Facility:** Family ☑ Day ☑ Group ☐ Night ☐ Center ☐ S.A.P. ☐	**Date of Visit:** 11 / 30 / 2023 (month / day / year)
Facility Address: Angela Norred	**Licensee:** Angela Norred	**Telephone #:** (334) 863-7810
Ages: 6wks to 12yrs / N/A to N/A (day / night)	**Director** *(if applicable)*: N/A	**Capacity:** 6 / N/A (day / night)

SECTION B - DEFICIENCY INFORMATION

Column 1 **Performance Standard Deficiency** **HAZARDS MUST BE CORRECTED IMMEDIATELY**	*Column 2* **Date Corrected by Licensee**
No deficiencies were observed at the time of	
the visit.	

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 N/A, 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 Angela Norred *Date* 11-30-23

Signature of DHR Licensing Representative Robi Bussie *Date* 11/30/2023

COPIES TO: licensee

Copy mailed 12/01/2023 RBB