DHR-DFC-1926

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A - IDENTIFYING INFORMATION

Facility Name:	Type of Facility: Family ☐ Day ☑ Group ☐ Night ☑ Center ☐ S.A.P. ☐	Date of Visit:
KidTowne - Huntsville		11 / 20 / 24 (month / day / year)
Facility Address:	**Licensee:**	**Telephone #:**
2010 South Point Park Dr. Huntsville, AL 35802	KidTowne TN	(256) 650-2300
Ages:	**Director** *(if applicable)*:	**Capacity:**
6wks to 12yrs (day) / 6wks to 12yrs (night)	Joey Derr	68 / 40 (day / night)

SECTION B - DEFICIENCY INFORMATION

Column 1 — **Performance Standard Deficiency** **HAZARDS MUST BE CORRECTED IMMEDIATELY**	*Column 2* — **Date Corrected by Licensee**
No deficiencies cited this visit.	x

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 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 Brooke Dixon *Date* 11/20/24

Signature of DHR Licensing Representative _____ *Date* 11/20/24

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