

**ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT**

SECTION A - IDENTIFYING INFORMATION

Facility Name: <i>Imagination Station</i>	Type of Facility: Family <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input type="checkbox"/>	Date of Visit: <i>9 / 14 / 2023</i> month day year
Facility Address: <i>407 B Jordan Lane Huntsville, AL 35805</i>	Licensee: <i>Lakeisha Fletcher</i>	Telephone #: <i>(256) 479-3189</i>
Ages: <i>6wks to 12 yrs X to X</i> day night	Director (if applicable): <i>Lakeisha Fletcher</i>	Capacity: <i>29 / X</i> day / night

SECTION B - DEFICIENCY INFORMATION

Column 1	Performance Standard Deficiency <i>*HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Column 2 Date Corrected by Licensee
1.	<i>One staff missing the required medical and TB.</i>	
2.	<i>Childrens files are incomplete. See pg 21 of the evaluation.</i>	

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 Sept. 28, 2023 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 *Lakeisha Fletcher* Date *9-14-2023*

Signature of DHR Licensing Representative *LaTonya James* Date *Sept. 14, 2023*

COPIES TO: Lakeisha Fletcher