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: 3 / 7 / 24 (month / day / year)
Sharolyn Duggan		
Facility Address: 2408 West Second Street Gulf Shores, AL 36542	Licensee: Sharolyn Duggan	Telephone #: (251) 968-1233
Ages: 6wks to 12 4yrs / X (day) to X (night)	Director *(if applicable)*: NA	Capacity: 12 / X (day / night)

SECTION B - DEFICIENCY INFORMATION

Column 1 — Performance Standard Deficiency **HAZARDS MUST BE CORRECTED IMMEDIATELY**	*Column 2* Date Corrected by Licensee
1.* Hazardous substances not under lock and key in the bathroom and kitchen (Windex, Hairspray deodorant)	- SSD 3/7/24
2.* A six month old infant was asleep in a swing with a blanket.	- SSD 3/7/24
3.* Diapering pad is covered with a non-washable	-

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 3/21/24, 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 Sharolyn S. Duggan *Date* 3/7/24

Signature of DHR Licensing Representative Edie Wheller *Date* 3/7/24

COPIES TO: Sharolyn Duggan

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT (Additional Page)

Facility Name: Sharolyn Duggan **Date of Visit:** 3/7/24

SECTION B – DEFICIENCY INFORMATION (Continued)

Column 1 **Performance Standard Deficiency** **HAZARDS MUST BE CORRECTED IMMEDIATELY**	*Column 2* **Date Corrected by Licensee**
surface.	- SD 3/7/24
4.* Diapering pad has rips in the top and bottom.	
5.* A six month old infant and a 10month old infant were in front of TV in the play area.	- SD 3/7/24
6. Daily schedule is not posted.	-
7. Children' files are incomplete. (See pg. 13)	
8. Staff files are incomplete. (See pgs. 10 11)	

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Signature of Facility Representative Sharolyn Duggan *Date* 3/7/24

Signature of DHR Licensing Representative Leslie Uller *Date* 3/7/24

COPIES TO: Sharolyn Duggan-Licensee