

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

DHR-DFC-1926

SECTION A - IDENTIFYING INFORMATION

Facility Name: <i>Ella Henry</i>	Type of Facility: Family ☒ Day ☒ Night ☐ Group ☐ Center ☐ S.A.P. ☐	Date of Visit: <i>4</i> / <i>19</i> / <i>24</i> month day year
Facility Address: <i>510 Franklin Ave Bridgmont, AL 35740</i>	Licensee: <i>Ella Henry</i>	Telephone #: <i>(256) 495-2506</i>
Ages: <i>6wks</i> to <i>14yrs</i> ☒ to ☒ day night	Director (if applicable):	Capacity: <i>6</i> / <i>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
<i>There are no deficiencies present at this visit. All Performance Standards have been met. Therefore it is recommended that the above licensee (Ella Henry), be granted renewal for 4/27/24 through 4/27/26 for 6 number of children, from 5:00 AM to 5:30 PM.</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 *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 *Ella Henry* Date *4-19-24*

Signature of DHR Licensing Representative *[Signature]* Date *4/19/24*

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