

ALABAMA DEPARTMENT OF HUMAN RESOURCES  
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A - IDENTIFYING INFORMATION

Facility Name: <b>Mertz Child Care</b>	Type of Facility: Family <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Group <input type="checkbox"/> Center <input checked="" type="checkbox"/> S.A.P. <input type="checkbox"/>	Date of Visit: <b>12 / 20 / 23</b> month day year
Facility Address: <b>909 McNamee Ave Mobile, AL 36686</b>	Licensee: <b>The Foundations for Childcare</b>	Telephone #: <b>(904) 473-9800</b>
Ages: <b>lacks to 16 yrs X to X</b> day night	Director (if applicable): <b>Delatoria Lucas</b>	Capacity: <b>96 / X</b> day / night

SECTION B - DEFICIENCY INFORMATION

Column 1	Performance Standard Deficiency <i>*HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Column 2 Date Corrected by Licensee
	<b>No deficiencies at time of visit.</b>	

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 [Signature] Date 12/14/2023

Signature of DHR Licensing Representative [Signature] Date 12-10-23

COPIES TO: Asst. Director