

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: <i>Kimberly William</i>	Type of Facility: Family <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input checked="" type="checkbox"/> Group <input type="checkbox"/> Center <input type="checkbox"/> S.A.P. <input type="checkbox"/>	Date of Visit: <i>5 / 29 / 24</i> month / day / year
Facility Address: <i>3909 Strathmore Dr. Montgomery AL 36114</i>	Licensee: <i>Kimberly William</i>	Telephone #: <i>(334) 202-0944</i>
Ages: <i>4yrs to 13yrs / 18yrs to 13yrs</i> day / night	Director (if applicable): <i>N/A</i>	Capacity: <i>6 / 4</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>(1)</i>	<i>The staff CPR and first aid is not current.</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 6/7/24, 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 *Kimberly Williams* Date *May 29-24*
 Signature of DHR Licensing Representative *Charice Howard* Date *5-29-24*

COPIES TO: *Email copy 5-30-24 to*