

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

**SECTION A - IDENTIFYING INFORMATION**

<b>Facility Name:</b> Christy Abraham	<b>Type of Facility:</b> Family <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input type="checkbox"/>	Group <input checked="" type="checkbox"/> Center <input type="checkbox"/> S.A.P. <input type="checkbox"/>	<b>Date of Visit:</b> 8 / 7 / 24 month    day    year
<b>Facility Address:</b> 6150 Rushing Parc Ln Hoover, AL 35244	<b>Licensee:</b> Christy Abraham	<b>Telephone #:</b> (205) 427-4681	
<b>Ages:</b> 5wks to 5yrs / X to X day                      night	<b>Director (if applicable):</b> NA	<b>Capacity:</b> 12 / X day                      night	

**SECTION B - DEFICIENCY INFORMATION**

Column 1	Performance Standard Deficiency <i>*HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Column 2 Date Corrected by Licensee
	No deficiencies were observed during today's visit (8/7/24).	

**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 Christy Abraham Date 8-7-24

Signature of DHR Licensing Representative Sonye Long Date 8/7/24

COPIES TO: licensee, mailed 8/9/24 @