

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A - IDENTIFYING INFORMATION

Facility Name: <i>Karen Stewart</i>	Type of Facility: 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"/>	Date of Visit: <i>9, 13, 24</i> month day year
Facility Address: <i>1905 8th Street Decatur, AL 35601</i>	Licensee: <i>Karen Stewart</i>	Telephone #: <i>(256) 350-1381</i>	
Ages: <i>0wks to 13yrs, 0wks to 13yrs</i> day night	Director (if applicable):	Capacity: <i>12 / 12</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 observed in today's visit.</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 *Karen Stewart* Date *9/13/24*
 Signature of DHR Licensing Representative *M. J. [Signature]* Date *9/13/24*

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