

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

SECTION A- IDENTIFYING INFORMATION

| | | |
|---|---|--|
| Facility Name: CAROLYN WHITE | Type of Facility : Center [] Day [X] OST [] Night [X] Family [X] University [] Group [] | Date of Visit: 06/25/2025 |
| Facility Address: 2175 BEVERLY DRIVE, MONTGOMERY, AL 36111, Montgomery | Licensee: CAROLYN WHITE | Telephone #: (334) 801-7579 |
| Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years | Director (if applicable): | Capacity: 6 / 6 Day Night |

SECTION B - DEFICIENCY INFORMATION

| Performance Standard Deficiency <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i> | Date Corrected by Licensee |
|---|-----------------------------------|
| Deficiency Summary | |
| No deficiencies observe at the time of visit. | |

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 always meet Performance Standards applicable to that facility. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Carolyn White
Signature of Facility Representative

6/27/25
Date

Amy Horn

Signature of DHR Licensing Representative

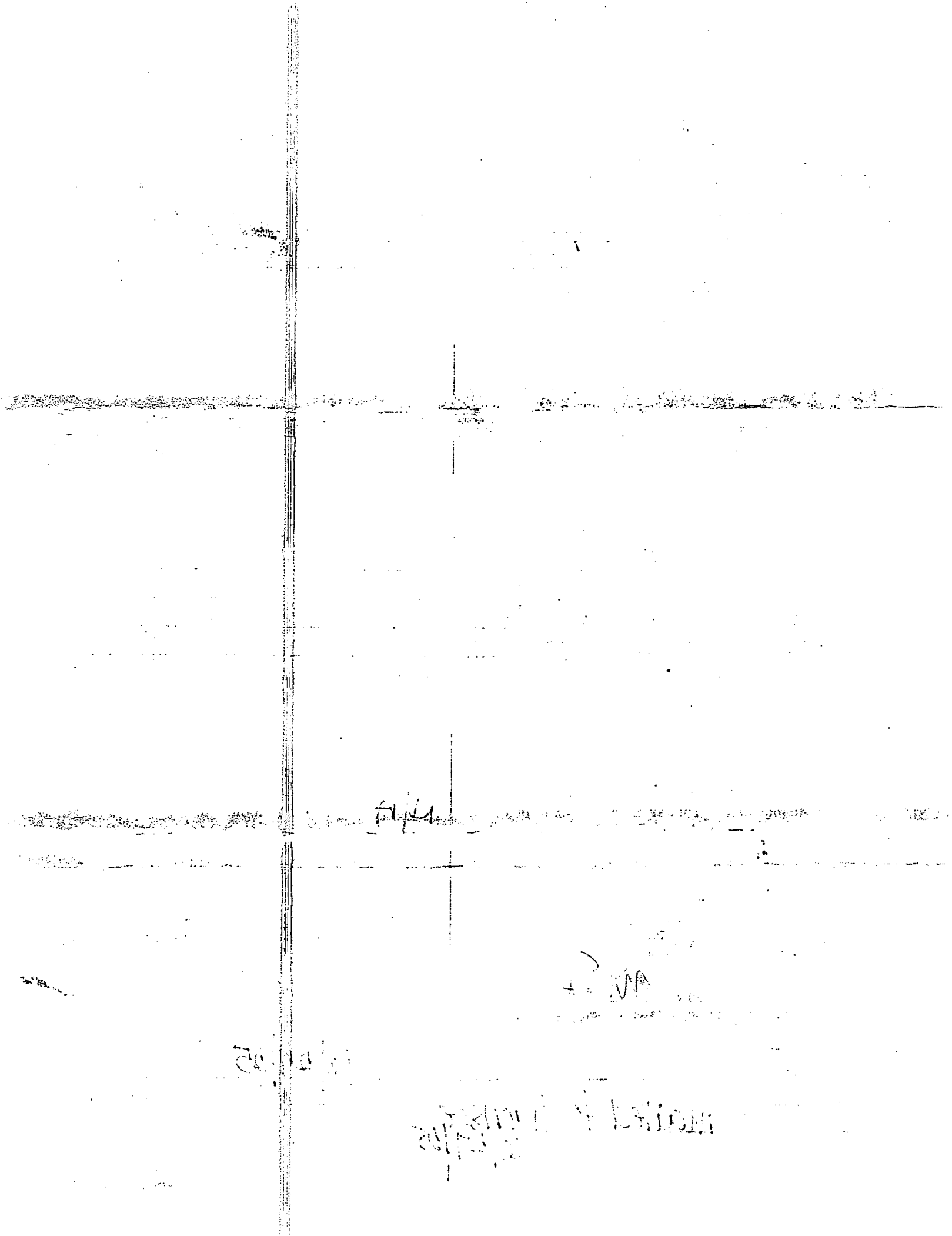
6/27/25
Date

COPIES TO: mailed to licensee
6/27/25

RECEIVED

JUL 16 2025

CHILD CARE
SERVICES DIVISION



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