ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: CHILDCARE NETWORK #37	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [Group [ ]	Date of Visit: 07/10/2025
Facility Address: 702 SECOND AVENUE, OPELIKA, AL 36803, Lee	Licensee: CHILD DEVELOPMENT SCHOOLS, INC.	Telephone #: (334) 705-3942
Ages: 6 Weeks to 15 Years	Director (if applicable): SHERRIE O'nece SLATON	Capacity: 99 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency *HAZARDS MUST BE CORRECTED IMMEDIATELY**	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: vines growing through fence, low hanging branches around and on all playground areas, exposed roots	Pending Correction
Failed - 2 ½ years up to 4 years 1 to 11, Inspection Form Comments: 18 children ages 3 to 4 years old with one staff	07/10/2025
Failed - Preadmission Form, Child Checklist Comments: signature needed for transportation, activities away from facility, swimming wading, date of birth needed	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: not in file	Pending Correction

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 _____, 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.

Signature of Facility Representative	Date
Shynecsa Blevins	
Signature of DHR Licensing Representative	Date

COPIES TO: _____