ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: IMMANUEL CHILD DEVELOPMENT CENTER #2	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 7/31/2025
Facility Address: 5013 ANDREWS AVENUE, OZARK, AL 36360, Dale	Licensee: IMMANUEL CHILD DEVELOPMENT CTR	Telephone #: (334) 443-0320
Ages: 0 Months to 12 Years	Director (if applicable): ANNIE WOMACK	Capacity: 75 / NA Day Night

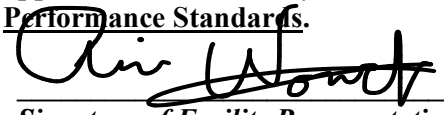
SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: There is no verification of ongoing training in the file.	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	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 8/14/2025, 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 <u>Performance Standards</u>.



_____ 7/31/2025

Signature of Facility Representative Date

Jay Dalton

_____ **07/31/2025**

Signature of DHR Licensing Representative Date

COPIES TO: _Annie Womack____