

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: NATASHA PLEASANT	Type of Facility : Center [ ] Day [X]            OST [ ] Night [ ]        Family [X] University [ ] Group [ ]	Date of Visit: 8/27/2025
Facility Address: 611 SHANNON STREET, MOBILE, AL, 36606, Mobile	Licensee: NATASHA PLEASANT	Telephone #: (251) 479-5732
Ages: 6 Weeks to 13 Years	Director (if applicable):	Capacity: 6            /            6 Day            Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
<p>Failed - Outdoor play area and equipment free from apparent hazards, Inspection Form</p> <p>Comments: One (1) swing seat is broken with rusted chain.Two (2) rocking horses' equipment red &amp; blue has peeling/chipped paint.See saw has peeling paint and rust.Red play equipment has rust.</p>	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**

Deborah Lang-Dixon

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of DHR Licensing**

\_\_\_\_\_  
Date

***Representative***

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