

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

SECTION A - IDENTIFYING INFORMATION

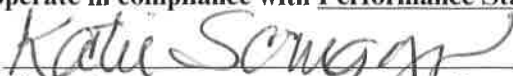
Facility Name: HUNTSVILLE HOSPITAL CDC	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 8/27/2025
Facility Address: 699-C GALLATIN STREET, HUNTSVILLE, AL 35801, Madison	Licensee: HEALTH CARE AUTHORITY OF CITY OF HSV.	Telephone #: (256) 532-2760
Ages: 2 Months to 10 Years	Director (if applicable): KATIE SCRUGGS	Capacity: 179 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - No blanket authorization forms for medication, Inspection Form Comments: There was a blanket medical form in the infant classroom #2.	8/27/2025
Failed - Hazardous substances locked, Classroom Checklist / Classroom 5 Comments: There was air fresher sitting on the counter in toddler classroom #5.	8/27/2025

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.


Signature of Facility Representative

8/27/2025
Date

LaTonya James

LaTonya James

**Signature of DHR Licensing
Representative**

Aug. 27, 2025

Date

COPIES TO: Katherine Scruggs