

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

SECTION A - IDENTIFYING INFORMATION

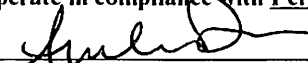
Facility Name: YOUNG IMPRESSIONS DAY CARE, INC.	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 8/28/2025
Facility Address: 4550 HIGGINS ROAD, MOBILE, AL 36619, Mobile	Licensee: YOUNG IMPRESSIONS DAY CARE, INC.	Telephone #: (251) 662-3124
Ages: 1 Months to 12 Years	Director (if applicable): Jan Croley	Capacity: 58 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

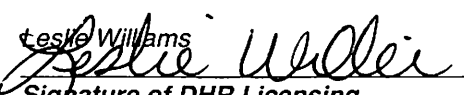
<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary There are no deficiencies at the time of this visit., Ad Hoc Comments: NA	8/28/2025

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 NA, 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



Signature of DHR Licensing Representative

8/28/25
Date

8/28/25
Date

COPIES TO: _____