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.

Debora Sandlin — 2 Sep 25

Signature of Facility Representative — Date

Amy Horn

Signature of DHR Licensing Representative — Date

COPIES TO: _____

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: DEBORA A SANDERS	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [X] University [Group [ ]	Date of Visit: 6/26/2025
Facility Address: 40 GRACE CHAPEL TRAIL, PIKE ROAD, AL 36064, Montgomery	Licensee: DEBORA SANDERS	Telephone #: (334) 647-1507
Ages: 0 Weeks to 5 Years	Director (if applicable):	Capacity: 6 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
All deficiencies corrected through Arise 08/28/2025.	
Failed - Transportation Checklist used for transporting by vehicle or walking, Inspection Form Comments: no walking field trip form	8/28/2025
Failed - Outdoor play area and equipment free from apparent hazards, Inspection Form Comments: A blower motor, tree limbs down, and grill not cover	8/28/2025
Failed - Electrical outlets covered, Inspection Form Comments: outlets not covered	8/28/2025
Failed - Home free of apparent hazardous conditions, Inspection Form Comments: one of the rooms had a lighter	8/28/2025
Failed - Ongoing Training, Staff Checklist Comments: not on file	8/28/2025
Failed - Health and Safety Training, Staff Checklist Comments: not on file	8/28/2025
Failed - Ongoing Training, Staff Checklist Comments: not on file	8/28/2025
Failed - Health and Safety Training, Staff Checklist Comments: not on file	8/28/2025
Failed - Preadmission Form, Child Checklist Comments: missing signature on the back page	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