ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LISA'S HOME DAYCARE	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [X]	Date of Visit: 10/17/2025
Facility Address: 151 DELTA PINE DRIVE, HUNTSVILLE, AL, 35811, Madison	Licensee: LISA RICHARDSON	Telephone #: (256) 679-1806
Ages: 2 Months to 6 Years	Director (if applicable):	Capacity: 12 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary There were no deficiencies observed in today's visit.	

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.

Lisa Richardson
Signature of Facility Representative

10-17-2025
Date

Fitzgerald McQueen

10/17/2025

3	Complete record for assistant caregiver	Observed	
4	Outdoor play area fenced	Observed	
5	Required equipment provided	Observed	

Group Nighttime Homes (II.I)

S No.	Questions	Answer	Comments
1	At least two adults present and supervising the children when seven or more are present	Not applicable	
2	Number and age range of children does not exceed number and age range on license/permit	Not applicable	

3. Classroom Checklist

S No.	Questions	Answer	Comments

4. Ad Hoc Deficiency

S No.	Deficiency

Provider's Signature

the Department of Human Resources on or before NA, as verification that deficiencies have been corrected.

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Lisa Richardson 10-17-2025

Signature of Facility Representative Date

Fitzgerald McQueen 10/17/2025

Signature of DHR Licensing Representative Date

COPIES TO: Provider