ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: TREASURED ONES	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [X]	Date of Visit: 11/7/2025
Facility Address: 414 FLOWERS AVENUE, HAMILTON, AL 35570, Marion	Licensee: JANIE CARTER	Telephone #: (205) 921-4675
Ages: 6 Weeks to 12 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	
Failed - Substitutes/caregivers informed of responsibilities in case of an emergency, Inspection Form Comments: one staff not informed	Pending Correction
Failed - Fire, Inspection Form Comments: no record	Pending Correction
Failed - Tornado, Inspection Form Comments: no record	Pending Correction
Failed - Lockdown, Inspection Form Comments: no record	Pending Correction
Failed - Relocation, Inspection Form Comments: no record	Pending Correction
Failed - Application, Staff Checklist Comments: no record	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: no record	Pending Correction
Failed - Medical, Staff Checklist Comments: no record	Pending Correction
Failed - TB Test Date and Results, Staff Checklist Comments: no record	Pending Correction
Failed - Infant -Child CPR Certification, Staff Checklist Comments: no record	Pending Correction
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: no record	Pending Correction
Failed - References, Staff Checklist	Pending Correction

Comments: no record	
Failed - Current Driver's License, Staff Checklist	Pending Correction
Comments: no record	
Failed - Written verification of Emergency Procedures, Staff Checklist	Pending Correction
Comments: no record	
Failed - Written Verification of Standards Read, Staff Checklist	Pending Correction
Comments: no record	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: no record	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: no record	
Failed - Medical, Staff Checklist	Pending Correction
Comments: no record	
Failed - Verification of Education, Staff Checklist	Pending Correction
Comments: no record	

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 Date

ROLANDA NELSON

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____