ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: A TO Z HOME DAYCARE, LLC.	Type of Facility : Center [ ] Day [X] OST [ ] Night [X] Family [ ] University [ ] Group [X]	Date of Visit: 11/12/2025
Facility Address: 66 LEE ROAD 449, AUBURN, AL, 36832, Lee	Licensee: BELINDA DOWDELL	Telephone #: (334) 821-3292
Ages: 6 Weeks to 12 Years/	Director (if applicable): N/A	Capacity: 12 Day / 12 Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary Failed - Preadmission Form, Child Checklist Comments: The preadmission form is not dated on the second page.	Pending Correction

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 11/13/2025, 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.

Belinda Dowdell — 11-13-25

Signature of Facility Representative — Date

ROBIN BUSSIE — 11/12/2025

Signature of DHR Licensing Representative — Date

COPIES TO: ___Licensee_____