

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: FRIENDSHIP CHILD CARE CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 11/12/2025
Facility Address: 1828 DEWEY DRIVE, OXFORD, AL 36203, Calhoun	Licensee: KIMBERLY GREGORY	Telephone #: (256) 835-9087
Ages: 6 Weeks to 12 Years	Director (if applicable): KIMBERLY C GREGORY	Capacity: 28 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary Failed - Immunization Certificate, Child Checklist Comments: Does not have the required Alabama Immunization Certificate on file (record only).	11/14/2025

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

SONYA LONG

**Signature of DHR Licensing
Representative**

11/18/25

Date

11/17/2025

Date

COPIES TO: licensee