

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: BRIAR ROSE	Type of Facility : Center [] Day [X] OST [] Night [X] Family [] University [] Group [X]	Date of Visit: 12/17/2025
Facility Address: 185 COUNTY ROAD 9, FLORENCE, AL 35633, Lauderdale	Licensee: MARVINA MUSE	Telephone #: (256) 764-6623
Ages: 2 Weeks to 13 Years/	Director (if applicable): N/A	Capacity: 12 / 7 Day Night

SECTION B - DEFICIENCY INFORMATION

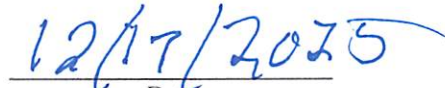
Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Fire, Inspection Form Comments: no record	12/16/2025
Failed - Tornado, Inspection Form Comments: no record	12/16/2025
Failed - Lockdown, Inspection Form Comments: no record	12/16/2025
Failed - Relocation, Inspection Form Comments: no record	12/16/2025
Failed - Bedding adequate appropriate to season, Inspection Form Comments: crib sheets not fitting snugly	12/17/2025

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 N/A , 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



Signature of DHR Licensing Representative



Date

COPIES TO: Marvina Muse