ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
GENERATIONS FAMILY DAYCARE SITE #2	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	12/19/2025
Facility Address:	Licensee:	Telephone #:
1024 GRANT AVENUE, PRICHARD, AL, 36610, Mobile	GENERATIONS FAMILY DAYCARE LEARNING CTR.	(251) 408-9774
Ages:	Director (if applicable):	Capacity:
6 Weeks to 13 Years	STEFANIE STREETER	102 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Formula provided by parent, must be labeled, ready to feed, and refrigerated, Inspection Form Comments: bottles not labeled	Pending Correction
Failed - Foods eaten from a dish, Inspection Form Comments: snack served on highchair tray in	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
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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 <u>Performance Standards</u>.

_____	_____
Signature of Facility Representative	Date
LESLIE WILLIAMS	
_____	_____
Signature of DHR Licensing Representative	Date

COPIES TO: _____