

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: BLESSINGS CHILDCARE - CLEVELAND	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]           Family [ ] University [ ] Group [ ]	Date of Visit: 12/19/2025
Facility Address: 36177 STATE HIGHWAY 79, CLEVELAND, AL 35049, Blount	Licensee: BLESSINGS BY DAY CHILDCARE, LLC	Telephone #: (205) 625-5437
Ages: 2 Weeks to 12 Years	Director (if applicable): KASI PAYNE	Capacity: 102     /     NA Day             Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
<b>Deficiency Summary</b>	
There were no deficiencies noted for today's visit.	

**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 01/02/25, 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.

*Thalherine Hill*  
Signature of Facility Representative

12/19/25  
Date

JAIME BOWMAN

12/19/25

\_\_\_\_\_  
Signature of DHR Licensing Representative

\_\_\_\_\_  
Date

COPIES TO: Katherine McMillian