ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: IMOGENE WILLIAMS	Type of Facility : Center [ ] Day [X] Night [ ] OST [ ] Family [X] University [ ] Group [ ]	Date of Visit: 1/9/2026
Facility Address: 1869 COUNTY ROAD 400, FYFFE, AL 35971, DeKalb	Licensee: IMOGENE WILLIAMS	Telephone #: (256) 659-4054
Ages: 6 Weeks to 13 Years	Director (if applicable):	Capacity: 6 Day / NA Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
There were no deficiencies observed in today visit.	
Failed - Application, Staff Checklist Comments: The provider's application is missing.	1/9/2026
Failed - Infant -Child CPR Certification, Staff Checklist Comments: The provider's CPR Certification is missing.	1/9/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: The provider's First Aid Certificate is missing.	1/9/2026
Failed - References, Staff Checklist Comments: The provider's References are missing.	1/9/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: The provider's Suitability Determination is missing.	1/9/2026
Failed - Written verification of Emergency Procedures, Staff Checklist Comments: The provider's verification of Emergency Procedures is missing.	1/9/2026
Failed - Written Verification of Standards Read, Staff Checklist Comments: The provider's Written Verification of Standards Read is missing.	1/9/2026
Failed - Application, Staff Checklist Comments: The substitute's Application is missing.	1/9/2026
Failed - Photo ID Verification, Staff Checklist Comments: The substitute's Photo ID Verification is missing.	1/9/2026
Failed - Medical, Staff Checklist Comments: The substitute's Medical is missing.	1/9/2026

Failed - Verification of Education, Staff Checklist Comments: The Verification of Education for the substitute is missing.	1/9/2026
Failed - Infant -Child CPR Certification, Staff Checklist Comments: The CPR Certification of the substitute is missing.	1/9/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: The substitute's Child First Aid Certificate is missing.	1/9/2026
Failed - References, Staff Checklist Comments: The References of the Substitute are missing.	1/9/2026
Failed - Current Driver's License, Staff Checklist Comments: The substitute's Current Driver's License is missing.	1/9/2026
Failed - Written Verification of Standards Read, Staff Checklist Comments: The substitute's Written Verification of Standards Read is missing.	1/9/2026
Failed - Ongoing Training, Staff Checklist Comments: The substitute's Ongoing Training is missing.	1/9/2026

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 Performance Standards.

Shnoqane Williams — 1-9-26

Signature of Facility Representative — Date

FITZGERALD MCQUEEN

Signature of DHR Licensing Representative — Date

COPIES TO: _____