

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: GENERATIONS FAMILY DAYCARE SITE #2	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 2/12/2026
Facility Address: 1024 GRANT AVENUE, PRICHARD, AL, 36610, Mobile	Licensee: GENERATIONS FAMILY DAYCARE LEARNING CTR.	Telephone #: (251) 408-9774
Ages: 6 Weeks to 13 Years	Director (if applicable): STEFANIE STREETER	Capacity: 102 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
There are no deficiencies on today's date	
Failed - Formula provided by parent, must be labeled, ready to feed, and refrigerated, Inspection Form Comments: bottles not labeled	12/19/2025
Failed - Foods eaten from a dish, Inspection Form Comments: snack served on highchair tray in	12/19/2025
Failed - Medical, Staff Checklist Comments: expired	1/9/2026
Failed - Medical, Staff Checklist Comments: expired	1/12/2026
Failed - Medical, Staff Checklist Comments: expired	1/14/2026
Failed - Medical, Staff Checklist Comments: expired	12/31/2025

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 _____, 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.

Jennifer Thrash

Signature of Facility Representative

02/13/2026

Date

LESLIE WILLIAMS

Signature of DHR Licensing Representative

Date

COPIES TO: _____