

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: OUR HOUSE DAYCARE	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 2/25/2026
Facility Address: 16871 Linton Road , Athens, AL 35613, Limestone	Licensee: KIMBERLY PRESLEY	Telephone #: (309) 219-1560
Ages: 0 Days to 5 Years	Director (if applicable): Melissa Anders	Capacity: 64 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
<p>Deficiency Summary</p> <p>RATIOS MAINTAINED, Allegation Comments: There was one staff supervising nine children in the 24-to-36-month-old. classroom.</p>	2/25/2026

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 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.

Melissa Anders
Signature of Facility Representative

2-25-26
Date

LATONYA JAMES

Signature of DHR Licensing Representative

02/25/2026
Date