ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: HUNTSVILLE HOSPITAL CDC	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 2/24/2026
Facility Address: 699-C GALLATIN STREET, HUNTSVILLE, AL 35801, Madison	Licensee: HEALTH CARE AUTHORITY OF CITY OF HSV.	Telephone #: (256) 532-2760
Ages: 6 Weeks to 10 Years	Director (if applicable): KATIE SCRUGGS	Capacity: 179 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Staff use clean disposable gloves for diapering each child/for each diaper change, Inspection Form Comments: Staff did not use gloves during diapering in toddler room.	2/24/2026
Failed - Preadmission Form, Child Checklist Comments: Missing	2/27/2026
Failed - Preadmission Form, Child Checklist Comments: Missing	3/6/2026
Failed - Immunization Certificate, Child Checklist Comments: Expired	2/25/2026
Failed - Preadmission Form, Child Checklist Comments: Missing	2/27/2026

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.

_____	_____
Signature of Facility Representative	Date
AJOIA MCGHEE	**3/9/26**
_____	_____
Signature of DHR Licensing Representative	Date

COPIES TO: ____Center_____