

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: BRIAR ROSE	Type of Facility : Home [] Day [X] OST [] Night [X] Family [] University [] Group [X]	Date of Visit: 5/5/2026
Facility Address: 185 COUNTY ROAD 9, FLORENCE, AL 35633, Lauderdale	Licensee: MARVINA MUSE	Telephone #: (256) 764-6623
Ages: 2 Weeks to 13 Years/	Director (if applicable): N/A	Capacity: 12 / 7 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Immunization Certificate, Child Checklist Comments: As of 5/5/2026 the Immunization Certificate has expired	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: As of 5/5/2026 the Immunization Certificate has expired	Pending Correction

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 05/19/2026, 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.

Marvina Muse
Signature of Facility Representative

5-5-26
Date

Rolanda Nelson
Signature of DHR Licensing Representative

5/05/2026
Date

COPIES TO: Marvina Muse