

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: YOUNG IMPRESSIONS CHILD CARE CENTER	Type of Facility : Center [X] Day [X]      OST [ ] Night [X]    Family [ ] University [ ] Group [ ]	Date of Visit: 5/19/2026
Facility Address: 1321 7TH STREET, SW, ALABASTER, AL 35007, Shelby	Licensee: YOUNG IMPRESSIONS CHILD CARE, LLC	Telephone #: (205) 663-0083
Ages: 6 Weeks to 13 Years/6 Weeks to 13 Years	Director (if applicable): YOKO BROWN	Capacity: 82      /      16 Day      Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	Date Corrected by Licensee
Deficiency Summary	

**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.

  
\_\_\_\_\_  
**Signature of Facility Representative**  
LEANNA TOWERY

5/19/2026  
\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of DHR Licensing Representative**

5/19/26      '      '  
\_\_\_\_\_  
Date

COPIES TO: director