

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: PEGGY'S DAYCARE	Type of Facility: Center [] Day [X] OST [] Night [] Family [X] University [] Group []	Date of Visit: 03/21/2025
Facility Address: 7297 OLD MITYLENE ROAD, MONTGOMERY, AL, 36117, Montgomery	Licensee: PEGGY PEACOCK	Telephone #: (334) 272-6408
Ages: 6 Weeks to 5 Years	Director (if applicable):	Capacity: 6 / 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>Failed - Emergency list posted by the telephone, Inspection Form Comments: The doctor's name is not added.</p> <p>Failed - Water hazards on or adjacent to home inaccessible to children, Inspection Form Comments: There is a fountain with standing water on the children's playground.</p> <p>Failed - Home and grounds free of apparent hazards including abandoned automobiles unused appliances uncovered wells and cisterns stacked lumber with exposed nails explosives, Inspection Form Comments: see checklist,</p> <p>Failed - Home free of apparent hazardous conditions, Inspection Form Comments: see checklist.</p>	

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

Date

Tavia Woods

Signature of DHR Licensing Representative

Date

COPIES TO: _____