ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: GREAT EXPECTATIONS CHILD CARE	Type of Facility: Day [X] Center [ ] Night [ ] OST [ ] Family [X] University [ ] Group [ ]	Date of Visit: 04/02/2025
Facility Address: 5886 BRIDLE PATH LANE, MONTGOMERY, AL 36116, Montgomery	Licensee: TRICIA JOHNSON	Telephone #: (334) 593-7189
Ages: 0 Weeks to 16 Years	Director (if applicable):	Capacity: 6 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Substitutes/caregivers informed of responsibilities in case of an emergency, Inspection Form Comments: No Documentation	04/02/2025
Failed - Record for licensee/household member, Inspection Form Comments: Missing Documentation	04/02/2025
Failed - Records for caregivers/substitutes, Inspection Form Comments: Missing Documentation	
Failed - Children's records complete, Inspection Form Comments: Missing Documentation/Empty blanks	
Failed - Verification of Education, Staff Checklist Comments: Missing Documentation	04/02/2025
Failed - Written verification of Emergency Procedures, Staff Checklist Comments: Missing Documentation	04/02/2025

Failed - Application, Staff Checklist
Comments: Missing Documentation

Failed - Verification of Education, Staff Checklist 04/02/2025
Comments: Missing Documentation

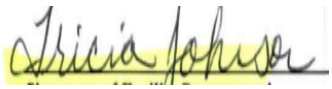
Failed - Written verification of Emergency Procedures, Staff Checklist 04/02/2025
Comments: Missing Documentation

Failed - Preadmission Form, Child Checklist
Comments: Missing Documentation/Empty blanks

Failed - Preadmission Form, Child Checklist
Comments: Missing Documentation/Empty blanks

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

Amy Horn

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____