

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: WINFRED ANN TURNER	Type of Facility : Center [] Day [X] OST [] Night [X] Family [] University [] Group [X]	Date of Visit: 7/30/2026
Facility Address: 304 JOHANNA DR, OZARK, AL 36360, Dale	Licensee: WINFRED TURNER	Telephone #: (334) 445-1455
Ages: 1 Years to 15 Years/1 Years to 15 Years	Director (if applicable): _____	Capacity: 12 / 12 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary NO DEFICIENCIES OBSERVED AT THE TIME OF VISIT.	

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.

Winfred Turner
Signature of Facility Representative

 7/30/2026
Date

AMY HORN

Signature of DHR Licensing Representative

 7/30/2026
Date

COPIES TO: LICENSEE

Received

AUG 11 2026

Child Care Services Division