ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: ST STEPHENS CHILD DEVELOPMENT CENTER	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 8/4/2026
Facility Address: 8020 WHITESBURG DRIVE, HUNTSVILLE, AL 35802, Madison	Licensee: ST STEPHENS CHILD DEV CENTER BOARD	Telephone #: (256) 880-8844
Ages: 6 Weeks to 16 Years	Director (if applicable): AUTUMN WATKINS	Capacity: 96 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Medical, Staff Checklist Comments: Staff medical has expired.	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: The staff person did not request a criminal background check.	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: The staff member background has expired.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Preadmission incomplete.	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 _____08/18/26_____, 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.

Autumn Watkins | 08/04/2026

Signature of Facility Representative | Date

Catressa Rozell

8/4/26

Signature of DHR Licensing Representative | Date

COPIES TO: Director