

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: DREAMERS CHILD DEVELOPMENT CENTER	Type of Facility: Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 04/04/2025
Facility Address: 1044 WEST STATE HWY 92, NEWTON, AL 36352, Houston	Licensee: DREAMERS CHILD DEVELOPMENT CENTER, INC	Telephone #: (334) 692-5015
Ages: 6 Weeks to 15 Years/6 Weeks to 15 Years	Director (if applicable): TENA UNTERKOFER	Capacity: 73 , 16 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
<p>Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: There are active ant beds, chips in the siding of the center big enough for fingers to stick in and active ant beds.</p> <p>Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: ant beds, holes in siding, Broken basket ball goal, step from the preschool room, fence on the bottom not attached, broken chair and holes in the walk way.</p> <p>Failed - Shade and sun areas provided, Inspection Form Comments: There is no shade on the toddler and preschool playground.</p> <p>Failed - Schedule posted that includes 60 minutes of active play, Inspection Form Comments: The schedule posted in the 2 1/2 to 3 yr room does not have outside times on it.</p> <p>Failed - Preadmission Form, Child Checklist Comments: There are not complete address.</p> <p>Failed - Preadmission Form, Child Checklist Comments: addresses are not filled out</p> <p>Failed - Written daily schedule posted with 60-90 minutes of active play, Classroom Checklist / 3 year old room Comments: schedule did not have outside time reflected.</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.

Tena Unterkotter
Signature of Facility Representative

4/4/25
Date

Jay Dalton

Signature of DHR Licensing Representative

Date

COPIES TO: _____