

ALABAMA DEPARTMENT OF HUMAN RESOURCES CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: FIRST STEPS (GEORGIANA)	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/11/2026
Facility Address: 529 PALMER AVENUE, GEORGIANA, AL 36033, Butler	Licensee: HEALTHY KIDS, INC	Telephone #: (334) 371-2273
Ages: 0 Weeks to 18 Years	Director (if applicable): LISA NIMMER	Capacity: 64 / NA 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.

Sasha Perez

Signature of Facility Representative

08/11/2026

Date _____

AMY HORN

08/11/2026

Date _____

Signature of DHR Licensing Representative

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