

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: VILLAGE OF PROMISE	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/26/2026
Facility Address: 2700 FAIRBANKS STREET, HUNTSVILLE, AL 35816, Madison	Licensee: VILLAGE OF PROMISE	Telephone #: (256) 536-8052
Ages: 6 Weeks to 5 Years	Director (if applicable): KIM STEWART	Capacity: 82 / NA Day Night

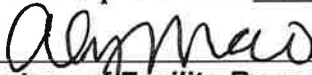
SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Character and suitability review conducted on required person (every 5 years), Inspection Form Comments: one staff with incorrect CBC	Pending Correction
Failed - Center free of apparent hazards, Inspection Form Comments: Two classrooms with dusty vents (pre k 2) (3's)	Pending Correction
Failed - Staff use universal precautions when diapering, Inspection Form Comments: No gloves while wiping a child's nose	Pending Correction
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: All staff don't have a profile	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: not uploaded	Pending Correction
Failed - Medical, Staff Checklist Comments: incomplete	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: incorrect letter	Pending Correction
Failed - Indoor thermometer (child safe), Classroom Checklist / Toddler (18-24 months) Comments: incomplete	Pending Correction
Failed - Shelving for equipment and supplies/anchored, Classroom	Pending Correction

Checklist / Twos (24 mos - 36 mos)
Comments: 3 Shelves

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

BRANDUL PERINE

Signature of DHR Licensing Representative

Date

COPIES TO: _____