

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: HAPPY HOLLOW CHRISTIAN PRESCHOOL, LLC	Type of Facility : Center [] Day [X] OST [] Night [] Family [X] University [] Group []	Date of Visit: 9/3/2026
Facility Address: 260 Happy Hollow Drive, Montgomery, AL 36109, Montgomery	Licensee: ELIZABETH DOWLING OSWALD	Telephone #: (334) 220-4570
Ages: 2 Years to 5 Years	Director (if applicable):	Capacity: 5 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Preadmission Form, Child Checklist Comments: The preadmission form has parent's initials instead of signatures.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Preadmission form is 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 09/17/2026, 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.

<u>Elizabeth</u> <u>Oswald</u> Signature of Facility Representative	<u>09/03/2026</u> Date
<u>Natalie Sumrall</u> Signature of DHR Licensing	<u>09/03/2026</u> Date

Representative

COPIES TO: _____Licensee_____