

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: WOOD LAND PLAYCARE Type of Facility : Center [] Day [X] Night [] OST [] Family [] University [] Group [X]		Facility Address: 1617 COUNTY ROAD 200, FLORENCE, AL 35633, Lauderdale	Director (if applicable): N/A	Capacity: 12 / NA Day Night
Licensee: NANCY MELTON WOOD		Telephone #: (256) 366-8878	Ages: 0 Days to 14 Years	

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary Failed - Preadmission Form, Child Checklist Comments: Parental signatures are missing on form. 9/18/2026	

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.

Nancy Wood
 Signature of Facility Representative

 9/18/2026
 Date

Rolanda Nelson
 Signature of DHR Licensing Representative

 09/18/2026
 Date

COPIES TO: _____
 Nancy Wood