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

**SECTION A- IDENTIFYING INFORMATION**

| | | |
|---|---|---|
| Facility Name:<br>VILLAGE OF PROMISE | Type of Facility : Center [X]<br>Day [X] OST [ ]<br>Night [ ] Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>9/17/2026 |
| Facility Address:<br>2700 FAIRBANKS STREET, HUNTSVILLE, AL 35816, Madison | Licensee:<br>VILLAGE OF PROMISE | Telephone #:<br>(256) 536-8052 |
| Ages:<br>6 Weeks to 5 Years | Director (if applicable):<br>KIM STEWART | Capacity:<br>82 / NA<br>Day Night |

**SECTION B - DEFICIENCY INFORMATION**

| **Performance Standard Deficiency**<br>***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<br>Comments: one staff with incorrect CBC | 9/24/2026 |
| Failed - Center free of apparent hazards, Inspection Form<br>Comments: Two classrooms with dusty vents (pre k 2) (3's) | 9/10/2026 |
| Failed - Staff use universal precautions when diapering, Inspection Form<br>Comments: No gloves while wiping a child's nose | 9/10/2026 |
| 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<br>Comments: All staff don't have a profile | 9/10/2026 |
| Failed - Medical, Staff Checklist<br>Comments: expired | 9/10/2026 |
| Failed - CA/N Clearance Form (Every Five Years), Staff Checklist<br>Comments: not uploaded | 9/10/2026 |
| Failed - Medical, Staff Checklist<br>Comments: incomplete | 9/10/2026 |
| Failed - Suitability Determination (Every 5 years), Staff Checklist<br>Comments: incorrect letter | 9/24/2026 |
| Failed - Indoor thermometer (child safe), Classroom Checklist / Toddler (18-24 months)<br>Comments: incomplete | 9/10/2026 |
| Failed - Shelving for equipment and supplies/anchored, Classroom | 9/10/2026 |

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.**

Alyssa Mau — 10/5/2024

***Signature of Facility Representative*** — Date

*BRANDUL PERINE*

***Signature of DHR Licensing Representative*** — Date

COPIES TO: _____