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

## SECTION A- IDENTIFYING INFORMATION

| Facility Name: | Type of Facility : Center [X] | Date of Visit: |
|---|---|---|
| UNIVERSITY DAYCARE | Day [X] OST [ ]<br>Night [ ] Family [ ]<br>University [ ]<br>Group [ ] | 10/7/2026 |
| Facility Address: | Licensee: | Telephone #: |
| 1006 N. DEAN RD, AUBURN, AL 36830, Lee | TERRELL UNIVERSITY DAYCARE, LLC | (334) 203-1234 |
| Ages: | Director (if applicable): | Capacity: |
| 6 Weeks to 12 Years | DEBORAH HOLLEY | 186 , NA<br>Day Night |

## SECTION B - DEFICIENCY INFORMATION

| Performance Standard Deficiency<br>*HAZARDS MUST BE CORRECTED IMMEDIATELY** | Date Corrected by Licensee |
|---|---|
| **Deficiency Summary** | |
| Failed - Center free of apparent hazards, Inspection Form<br>Comments: Broken sink in infant room 2 | Pending Correction 10/7/26 DA |
| Failed - Clear glass doors are marked at child level, Inspection Form<br>Comments: clear glass not marked at child level | 9/10/2026 |
| Failed - Suitability Determination (Every 5 years), Staff Checklist<br>Comments: has expired | 10/7/2026 |
| Failed - Preadmission Form, Child Checklist<br>Comments: missing full address | 10/7/2026 |
| Failed - Preadmission Form, Child Checklist<br>Comments: missing address | 10/7/2026 |
| Failed - Preadmission Form, Child Checklist<br>Comments: missing signature | 10/7/2026 |
| Failed - Preadmission Form, Child Checklist<br>Comments: missing signature | 10/7/2026 |
| Failed - Preadmission Form, Child Checklist<br>Comments: missing address an telephone number | Pending Correction 10/7/26 DA |
| Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / pre one<br>Comments: shelving not anchored | 10/7/2026 |
| Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / Pre two A<br>Comments: shelving anchored | 10/7/2026 |
| Failed - Shelving for equipment and supplies/anchored, Classroom | 10/7/2026 |

| | |
|---|---|
| Checklist / Pre two B<br>Comments: shelving not anchored | |
| On 9/10/26 in pre-one classroom there were peeling paint., Ad Hoc<br>Comments: NA | 10/7/2026 |
| On 9/10/26 in pre-one classroom there were broken sink facuet., Ad Hoc<br>Comments: NA | 10/7/2026 |
| On 9/10/26 in pre-two classroom there were peeling paint., Ad Hoc<br>Comments: NA | 10/7/2026 |

**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** 10-7-26 **, 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.**

Dawn Bly — 10-7-26

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

SHYNECSA BLEVINS Shynecsa Blevins — 10-7-26

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

COPIES TO: Director

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**CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT**

**SECTION A- IDENTIFYING INFORMATION**

| | | |
|---|---|---|
| Facility Name:<br>UNIVERSITY DAYCARE | Type of Facility : Center [X]<br>Day [X] OST [ ]<br>Night [ ] Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>10/7/2026 |
| Facility Address:<br>1006 N. DEAN RD, AUBURN, AL 36830, Lee | Licensee:<br>TERRELL UNIVERSITY DAYCARE, LLC | Telephone #:<br>(334) 203-1234 |
| Ages:<br>6 Weeks to 12 Years | Director (if applicable):<br>DEBORAH HOLLEY | Capacity:<br>186 / NA<br>Day Night |

**SECTION B - DEFICIENCY INFORMATION**

| Performance Standard Deficiency<br>***HAZARDS MUST BE CORRECTED IMMEDIATELY**** | Date Corrected by Licensee |
|---|---|
| **Deficiency Summary**<br>No deficiency at the time of visit, Ad Hoc<br>Comments: NA | 10/7/2026 |

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Deborah Holley 10-7-26

***Signature of Facility Representative*** Date

SHYNECSA BLEVINS Shynecsa Blevins 10-7-26

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

COPIES TO: Director