

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: SHIRLEY ANN MADDOX	Type of Facility: Center [] Day [X] OST [] Night [] Family [X] University [] Group []	Date of Visit: 04/24/2025
Facility Address: 1101 N. 3 NOTCH STREET, TROY, AL 36081, Pike	Licensee: SHIRLEY MADDOX	Telephone #: (334) 566-5426
Ages: 6 Weeks to 10 Years	Director (if applicable):	Capacity: 6 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
No Deficiencies Observed at the Time of Visit., Ad Hoc Comments: NA	04/24/2025

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 N/A, 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.

Amy Horn
Signature of Facility Representative

5/5/25
Date

Amy Horn

Amy Horn
**Signature of DHR Licensing
Representative**

4/29/25
Date

COPIES TO:

mailed copy to licensee

RECEIVED

MAY 08 2025

CHILD CARE
SERVICES DIVISION