

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

SECTION A- IDENTIFYING INFORMATION

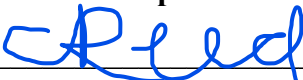
Facility Name: HAMPTON COVE PRESCHOOL	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 06/26/2025
Facility Address: 5760 COVE COMMONS DR, BROWNSBORO, AL 35741, Madison	Licensee: HAMPTON COVE PRESCHOOL LLC	Telephone #: (256) 585-1137
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable): MELISSA ISAAC	Capacity: 213 / 50 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary Failed - Ongoing Training, Staff Checklist Comments: missing ongoing training Failed - Health and Safety Training, Staff Checklist Comments: Missing CCDF #8 & 9 One staff is missing number eight and nine of the CCDF training., Ad Hoc Comments: NA One staff is missing the 12 hours of ongoing trianing., Ad Hoc Comments: NA	

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.

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06/26/2025

Signature of Facility Representative

Date

LaTonya James

***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____