

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

**SECTION A- IDENTIFYING INFORMATION**

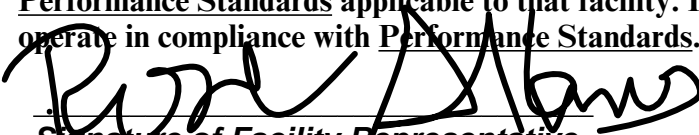
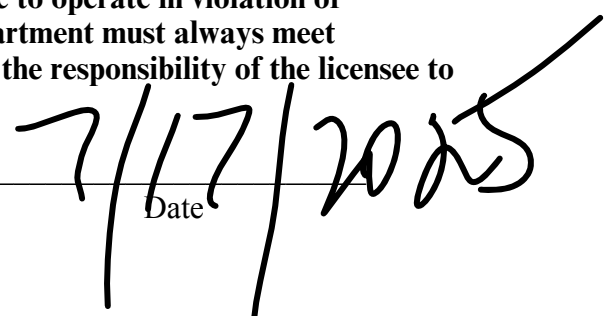
Facility Name: STARLIGHT LEARNING CENTER LLC	Type of Facility : Center [X] Day [X]      OST [ ] Night [ ]    Family [ ] University [ ] Group [ ]	Date of Visit: 7/17/2025
Facility Address: 1266 Calvert School Street, Mount Vernon, AL 36560, Mobile	Licensee: KERRI BYRD	Telephone #: (251) 829-9555
Ages: 6 Weeks to 14 Years	Director (if applicable): KERRI BYRD	Capacity: 149 / NA Day      Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
<p>Per staff statement on 4/16/2025, a child was left on the van on 4/11/25 for an undetermined amount of time. The health, welfare, safety of the child was at risk., Ad Hoc Comments: NA</p>	
	7/17/2025

**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 \_\_\_\_\_, 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.**

 _____ Signature of Facility Representative	 _____ Date
Shundr Nevels _____ Signature of DHR Licensing Representative	_____ Date

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