ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: WILDCAT ACADEMY	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 10/30/2025
Facility Address: 1955 SAND ROCK AVE, SAND ROCK, AL 35983, Cherokee	Licensee: WILDCAT ACADEMY LLC	Telephone #: (256) 557-0369
Ages: 0 Weeks to 12 Years	Director (if applicable): TAMMY FLEMING	Capacity: 124 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Medical, Staff Checklist Comments: expired	11/6/2025
Failed - Medical, Staff Checklist Comments: Medical is on the wrong form.	11/6/2025
Failed - TB Test Date and Results, Staff Checklist Comments: TB needs to be done.	10/24/2025
Failed - Medical, Staff Checklist Comments: expired	11/6/2025
Failed - Medical, Staff Checklist Comments: Medical needs to be completed on DHR form.	10/24/2025

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 ____NA_____, 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.

Tammy Flemming — 10-23-25

Signature of Facility Representative — Date

Catherine Faulk — **10/23/25**

Signature of DHR Licensing Representative — Date

COPIES TO: _____center_____