

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

SECTION A- IDENTIFYING INFORMATION

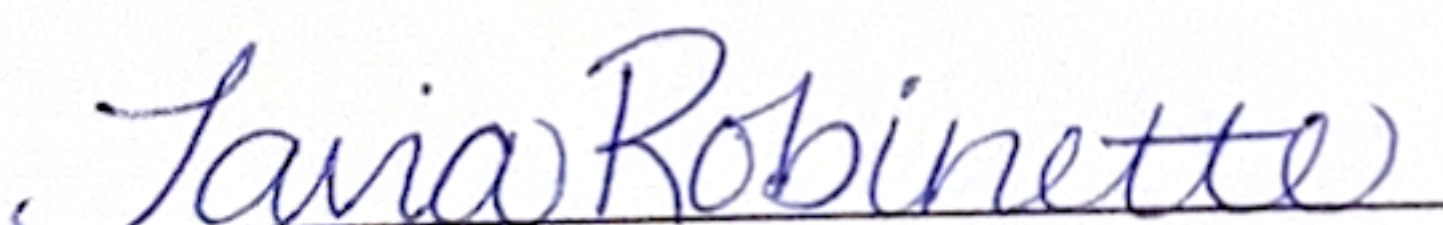
Facility Name: SUPER KIDS ACADEMY LLC	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/18/2025
Facility Address: 25854 CAPSHAW ROAD, ATHENS, AL, 35613, Limestone	Licensee: TAVIA ROBINETTE	Telephone #: (256) 337-7848
Ages: 18 Months to 6 Years	Director (if applicable): TAVIA ROBINETTE	Capacity: 23 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Preadmission Form, Child Checklist	11/6/2025
Comments: Pre-Admission form needs completing.	
Failed - Preadmission Form, Child Checklist	11/6/2025
Comments: Pre-admission needs completing.	
Failed - Immunization Certificate, Child Checklist	10/24/2025
Comments: Immunization expired.	
Failed - Preadmission Form, Child Checklist	11/6/2025
Comments: Pre-admission form needs completing.	
Failed - Immunization Certificate, Child Checklist	10/24/2025
Comments: Alabama Immunization recorded needed.	

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.


Signature of Facility Representative

Angela G Brogdon

**Signature of DHR Licensing
Representative**

11/11/25
Date

11/10/2025
Date

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