ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KOOL KIDZ	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 11/18/2025
Facility Address: 1031 SUMMITT ROAD, BAILEYTON, AL 35019, Cullman	Licensee: KOOL KIDZ DAYCARE, LLC	Telephone #: (256) 385-5206
Ages: 6 Weeks to 12 Years	Director (if applicable): SASHA EASTERWOOD	Capacity: 65 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: active ant bed.	11/18/2025
Failed - Preadmission Form, Child Checklist Comments: missing information.	11/18/2025
Failed - Electrical outlets covered, Classroom Checklist / Pre k Comments: two exposed outlets.	11/18/2025
Failed - Hazardous substances locked, Classroom Checklist / Toddlers Comments: Lysol spray in unlocked cabinet.	11/18/2025
Failed - Medication locked, Classroom Checklist / Toddlers Comments: albuterol inhaler and first aid kit in unlocked cabinet.	11/18/2025

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

<u>Performance Standards</u> applicable to that facility. It is the responsibility of the licensee to operate in compliance with <u>Performance Standards</u>.

_____	_____
Signature of Facility Representative	Date
JAIME BOWMAN	**11/18/25**
_____	_____
Signature of DHR Licensing Representative	Date

COPIES TO: _____<u>Sasha Easterwood</u>_____