

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: KIDTOWNE NORTH PARKWAY	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 12/10/2025
Facility Address: 4950 MEMORIAL PARKWAY, SUITE C HUNTSVILLE, AL 35810, Madison	Licensee: KIDTOWNE GROUP INC.	Telephone #: (256) 489-4130
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable): JOEY DERR	Capacity: 54 54 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary Failed - Ongoing Training, Staff Checklist Comments: expired	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: observed 5 of 12 InService hours	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: need in file	Pending Correction
8 cots need to be repaired/replaced, Ad Hoc Comments: NA	Pending Correction
one staff needs suitability letter in file., Ad Hoc Comments: NA	Pending Correction

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 12/17/25, 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.

Shouphat Kerk
Signature of Facility Representative

12/10/25
Date

LEA RAE GAINES

12/10/25

Signature of DHR Licensing Representative

Date

COPIES TO: _____

[Faint, illegible text, likely bleed-through from the reverse side of the page]

[Faint, illegible text, likely bleed-through from the reverse side of the page]