

**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: 1/29/2026
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	
[InspectionSummaryDescription]	
CRIMINAL HISTORY BACKGROU, Allegation	Pending Correction
Comments: Staff person worked at the center from July 30, 2025, until January 28, 2026, without a current Suitability letter on file., Ad Hoc	Pending Correction
Comments: NA	

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 1/29/26, 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

LEA RAE GAINES

Date

_____ 1/29/26 _____

***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____