

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: YOUR KIDS AND MINE DAY CARE	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 2/10/2026
Facility Address: 2518 WINCHESTER ROAD #B, HUNTSVILLE, AL 35810, Madison	Licensee: LATRINA RICE	Telephone #: (256) 429-8619
Ages: 6 Weeks to 16 Years/6 Weeks to 16 Years	Director (if applicable): LATRINA RICE	Capacity: 46 / 25 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
There was a staff's purse hanging on a hook., Ad Hoc Comments: NA	2/10/2026
There was one staff supervising nine children ages ranging from 2-years-old to 5-years-old., Ad Hoc Comments: NA	2/10/2026
Three staff have expired cans., Ad Hoc Comments: NA	Pending Correction
There are one staff supervising children with expired cans., Ad Hoc Comments: NA	Pending Correction
One staff supervising children that does not have a can or suitability letter., 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 _____, 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

LATONYA JAMES

Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____