

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: KERRI'S DAY CARE	Type of Facility : Center [] Day [X] OST [] Night [X] Family [] University [] Group [X]	Date of Visit: 3/18/2026
Facility Address: 1001 CENTRAL AVENUE, BRIGHTON, AL 35020, Jefferson	Licensee: KERRI JOHNSON	Telephone #: (205) 426-5853
Ages: 0 Weeks to 14 Years/0 Weeks to 14 Years	Director (if applicable): NA	Capacity: 12 / 12 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Household member is going to get fingerprints/suitability.	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Household members suitability has expired.	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Household member's suitability has expired.	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Household member's Suitability has expired.	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 4/1/2026, 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.

Kerri Johnson
Signature of Facility Representative

3/18/26

Date

CYNTHIA BROWN

***Signature of DHR Licensing
Representative***

_3/18/2026

Date

COPIES TO: Licensee