

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDTOWNE HUNTSVILLE	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 3/26/2026
Facility Address: 2010 SOUTH POINT PARK CIR, HUNTSVILLE, AL 35802, Madison	Licensee: KID TOWNE INC.	Telephone #: (256) 650-2300
Ages: 6 Weeks to 12 Years/	Director (if applicable):	Capacity: 70 / 40 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
<p>Deficiency Summary</p> <p>No deficiencies cited this visit.</p>	

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 _____x_____, 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.

Krista
Selby
Signature of Facility Representative

3/26/26
Date

LEA RAE GAINES

3/26/26

Signature of DHR Licensing Representative

Date

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