

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: POOH'S KORNER EXPRESS	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 3/27/2026
Facility Address: 5833 CARMICHAEL RD, MONTGOMERY, AL 36117, Montgomery	Licensee: TYESHA MOORE	Telephone #: (334) 239-8014
Ages: 6 Weeks to 12 Years	Director (if applicable): TYESHA MOORE	Capacity: 40 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	<u>Date Corrected by Licensee</u>
Deficiency Summary There is a pack and play (portable crib) being used in the infant classroom., Ad Hoc Comments: NA	3/27/2026
The wooden play structure was not level., Ad Hoc Comments: NA	3/27/2026

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.

Tyesha Moore
Signature of Facility Representative

3/27/2026
Date

JESSICA VICE

03/27/2026

***Signature of DHR Licensing
Representative***

Date

COPIES TO: ___ Director _____