

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

**SECTION A- IDENTIFYING INFORMATION**

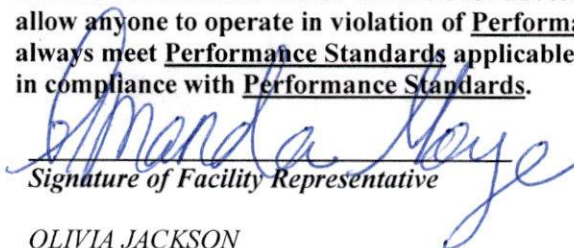
Facility Name: KIDDIE KOVE DAYCARE & LEARNING CENTER	Type of Facility : Center [ ] Day [X]            OST [ ] Night [ ]        Family [ ] University [ ] Group [X]	Date of Visit: 4/2/2026
Facility Address: 313 HIGHLAND AVE, ATMORE, AL 36502, Escambia	Licensee: AMANDA MOYE	Telephone #: (251) 359-0482
Ages: 6 Weeks to 5 Years	Director (if applicable):	Capacity: 12        /        NA Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
<b>Deficiency Summary</b>	
All deficiencies corrected as of 04/15/26.	
Two staff members have expired suitability letters., Ad Hoc Comments: NA	3/26/2026
There is a staff member who has an incomplete file. (CA/N, Fingerprints, Medical/TB, Diploma, References, and CPR/1st Aid Certification.), Ad Hoc Comments: NA	3/2/2026
Some staff members are not currently actively participating in Alabama Pathways., Ad Hoc Comments: NA	4/15/2026

**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 N/A, 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

04/02/26  
\_\_\_\_\_  
Date

OLIVIA JACKSON  
\_\_\_\_\_  
Signature of DHR Licensing Representative

04/02/26  
\_\_\_\_\_  
Date