ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDZ KLUBHOUSE OF MARION LLC	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 4/3/2026
Facility Address: 130 HUBBARD DR, MARION, AL 36756, Perry	Licensee: KIDZ KLUBHOUSE OF MARION LLC	Telephone #: (334) 607-5023
Ages: 4 Weeks to 24 Months	Director (if applicable): DE'SHANDA HATCHER	Capacity: 17 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency *HAZARDS MUST BE CORRECTED IMMEDIATELY**	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Most recent Health department inspection report and food permit or written permission for catering food, Inspection Form Comments: food permit expired that's posted	4/8/2026

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

5/4/2026
Date

KAMILA CROWELL

5-4-2026

Signature of DHR Licensing Representative Date

COPIES TO: _____director_____