

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDDIE CARE LEARNING CENTER, LLC	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 2/2/2026
Facility Address: 7 NORTH POINTE BLVD, ENTERPRISE, AL, 36330, Coffee	Licensee: KIDDIE CARE LEARNING CENTER, LLC	Telephone #: (334) 347-2716
Ages: 0 Weeks to 12 Years/	Director (if applicable): KISHIA SAFFOLD	Capacity: 167 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
All deficiencies corrected through ARISE.	
Failed - Preadmission Form, Child Checklist Comments: Preadmission is incomplete	2/2/2026
Failed - Immunization Certificate, Child Checklist Comments: Missing Immunization form	2/9/2026
Failed - Immunization Certificate, Child Checklist Comments: Missing current immunization	2/16/2026
Failed - Immunization Certificate, Child Checklist Comments: Missing immunization form	2/9/2026
Failed - Immunization Certificate, Child Checklist Comments: Expired Immunization	2/9/2026

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 _____, 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

KAREN JACKSON-MOULTON

Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____