

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

**SECTION A- IDENTIFYING INFORMATION**

|                                                                                |                                                                                                                                                                                                                                                                                             |                                   |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Facility Name:<br>KARE BEAR CHRISTIAN DAYCARE                                  | Type of Facility : Center <input checked="" type="checkbox"/><br>Day <input checked="" type="checkbox"/> OST <input type="checkbox"/><br>Night <input checked="" type="checkbox"/> Family <input type="checkbox"/><br>University <input type="checkbox"/><br>Group <input type="checkbox"/> | Date of Visit:<br>6/18/2026       |
| Facility Address:<br>175 N DALEVILLE AVE, SUITE G<br>DALEVILLE, AL 36322, Dale | Licensee:<br>KARE BEAR CHRISTIAN<br>DAYCARE LLC                                                                                                                                                                                                                                             | Telephone #:<br>(334) 599-1008    |
| Ages:<br>6 Weeks to 12 Years/6 Weeks to 12 Years                               | Director (if applicable):<br>LATASHA MARIE BRADY                                                                                                                                                                                                                                            | Capacity:<br>56 / 20<br>Day Night |

**SECTION B - DEFICIENCY INFORMATION**

| <b><u>Performance Standard Deficiency</u></b><br><b><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i></b> | <b><u>Date Corrected by</u></b><br><b><u>Licensee</u></b> |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>Deficiency Summary</b>                                                                             |                                                           |
| Failed - Medical, Staff Checklist<br>Comments: expired                                                | Pending Correction                                        |

**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 July 2, 2026, 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

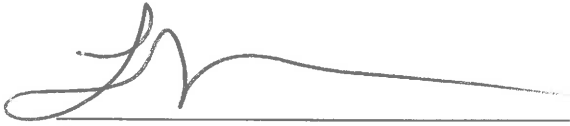
JAY DALTON

6-23-26  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of DHR Licensing Representative

6/18/26  
Date

| S No. | Deficiency |
|-------|------------|
|-------|------------|



Provider's Signature

6-23-26