ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KOOL KIDZ UNIVERSITY	Type of Facility : Center [X] Day [X] OST [ ] Night [X] Family [ ] University [ ] Group [ ]	Date of Visit: 8/6/2026
Facility Address: 4540 Narrow Lane Road, Montgomery, AL 36116, Montgomery	Licensee: KOOL KIDZ UNIVERSITY, LLC	Telephone #: (470) 662-9904
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable):	Capacity: 79 / 79 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Infant room out of ratio. (6 infants - 1 staff person), Ad Hoc Comments: NA	Pending Correction
Lions Den thermometer broken., Ad Hoc Comments: NA	Pending Correction
Honeybees, Gator Ct and Jungle Dr are missing plug covers., Ad Hoc Comments: NA	Pending Correction
Broken rack on wall with sharp edge in Wallaby Ln., Ad Hoc Comments: NA	Pending Correction
Standing water in sand table on playground. , Ad Hoc Comments: NA	Pending Correction
Toddler room out of ratio. (8 toddlers - 1 staff person), Ad Hoc Comments: NA	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 ____8/20/26_____, 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	Date
ARIANN CHARITY	**8/6/26**
_____	_____
Signature of DHR Licensing Representative	Date

COPIES TO: _____