

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT
SECTION A- IDENTIFYING INFORMATION

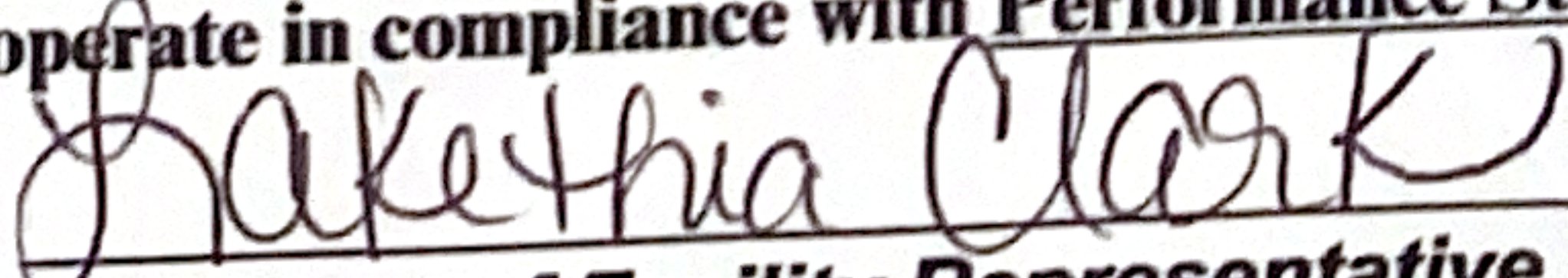
Facility Name: KIDDIE KORNER	Type of Facility : Center [] Day [X] OST [] Night [X] Family [X] University [] Group []	Date of Visit: 7/31/2026
Facility Address: 2044 INVERNESS PKWAY, TUSCALOOSA, AL 35405, Tuscaloosa	Licensee: LAKETHIA CLARK	Telephone #: (205) 344-0451
Ages: 7 Days to 12 Years/7 Days to 12 Years	Director (if applicable): NA	Capacity: 5 5 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Medical, Staff Checklist	8/11/2026
Comments: On 7/31/2026, the substitute's medical has expired.	
Failed - Health and Safety Training, Staff Checklist	8/8/2026
Comments: On 7/31/2026, substitutes is missing 1 hr of CCDF training.	

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 NA, 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

8/11/2026_
Date

CYNTHIA BROWN

8/11/2026
Date

Signature of DHR Licensing Representative

COPIES TO: Licensee