

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

SECTION A- IDENTIFYING INFORMATION

SECTION IV IDENTIFYING INFORMATION		
Facility Name: CHILDREN'S LIGHTHOUSE @ HOOVER	Type of Facility : Center ☒ Day ☒ OST ☐ Night ☐ Family ☐ University ☐ Group ☐	Date of Visit: 8/5/2026
Facility Address: 4731 CHACE CIRCLE, HOOVER, AL 35244, Jefferson	Licensee: MKZ MANAGEMENT GROUP	Telephone #: (205) 224-5437
Ages: 6 Weeks to 12 Years	Director (if applicable): PATRICIA TURNER	Capacity: 150 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

[illegible]

Comments: On 8/5/26, there were some training hours missing.

Failed - Health and Safety Training, Staff Checklist

8/24/2026

Comments: On 8/5/26, there were some training hours missing.

Failed - Ongoing Training, Staff Checklist

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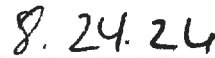
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INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must put the date of correction and his/her initials in Column 2. This 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



Date

AJOIA MCGHEE

8/24/26

Signature of DHR Licensing Representative

Date

COPIES TO: ____ Center _____