

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: FOUNDATIONS EARLY LEARNING & FAMILY CTR	Type of Facility : Center ☒ Day ☒ OST ☐ Night ☐ Family ☐ University ☐ Group ☐	Date of Visit: 8/12/2026
Facility Address: 6505 E.J. OLIVER BLVD., FAIRFIELD, AL 35064, Jefferson	Licensee: FOUNDATIONS EARLY LEARNING & FAMILY CTR	Telephone #: (205) 588-5454
Ages: 6 Weeks to 5 Years	Director (if applicable): MARY KYNERD	Capacity: 91 / NA Day Night

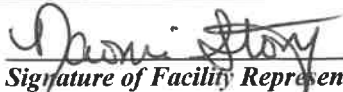
SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: On 8/12/26, all staff were not enrolled in Alabama Pathways.	9/8/2026
Failed - Preadmission Form, Child Checklist Comments: On 8/12/26, signatures were missing on page two (2).	8/24/2026
Failed - Preadmission Form, Child Checklist Comments: On 8/12/26, signatures were missing on page two (2).	8/24/2026

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 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

AJOIA MCGHEE

Signature of DHR Licensing Representative



Date

9/9/26

Date

COPIES TO: ___ Center _____