

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: CREATIVE KIDS ON AZALEA	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/16/2026
Facility Address: 680 AZALEA RD, MOBILE, AL 36609, Mobile	Licensee: TANITA DAVIS (CREATIVE KIDS)	Telephone #: (251) 518-8837
Ages: 6 Weeks to 12 Years	Director (if applicable): TANITA DAVIS	Capacity: 65 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary CHILD ABUSE AND NEGLECT, Allegation Comments: Upon arrival, staff person present with indicated CA/N.	Pending Correction
Upon arrival, children in the infant room were watching tv., Ad Hoc Comments: NA	Pending Correction
The toddler room is out of ratio with 10 children and one teacher., Ad Hoc Comments: NA	Pending Correction
The 3 & 4 year old classroom is out of ratio due to staff with incomplete file., Ad Hoc Comments: NA	Pending Correction
There is a staff person present and working with an indicated CA/N., 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 10/07/26, 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

LaDanika York

Date

09/16/26

Signature of DHR Licensing Representative

Date

COPIES TO: _____ Facility _____