

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: THE LEARNING EXPERIENCE- OWENS CROSS ROAD	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/18/2026
Facility Address: 6737 US 431, Owens Cross Roads, AL 35763, Madison	Licensee: HKN INVESTMENTS, LLC	Telephone #: (561) 886-6400 - 2285
Ages: 6 Weeks to 5 Years	Director (if applicable):	Capacity: 80 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Deficiency Report amended 9/23/26.	
HYGIENIC PRACTICES, Allegation Comments: Staff state that on several occasions the center has been without paper towels.	Pending Correction
PROVIDE OPERATING FUNDS, Allegation Comments: Several staff statements indicate that classrooms are often out of paper towels.	Pending Correction
ILLNESS AND INJURY, Allegation Comments: Staff statements indicate that sick children are not being isolated from the group and are not being sent home.	Pending Correction
SUPERVISION AT ALL TIMES, Allegation Comments: Staff statements indicate that a 24-month-old child was left unsupervised on the small playground for an undetermined period of time on September 3, 2026.	Pending Correction
The daily sign in/out form does not have parent/guardian full signatures., Ad Hoc Comments: NA	Pending Correction
According to staff statements, a staff member was putting her hand over crying infants' mouths to get them to sleep., Ad Hoc Comments: NA	Pending Correction
According to staff statements, a staff member was forcing infants to take bottles., Ad Hoc Comments: NA	Pending Correction

According to staff statements, a staff member was patting infants on their backs very hard., Ad Hoc	Pending Correction
Comments: NA	
The center failed to report suspected abuse and neglect to Madison County Department of Human Resources in a timely manner., Ad Hoc	Pending Correction
Comments: NA	
The center failed to report incidents to The Department, that put children's health, safety or welfare at risk., Ad Hoc	Pending Correction
Comments: NA	

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 _____, 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
 LEA RAE GAINES

04-23-2026
 Date

Signature of DHR Licensing Representative

 Date

COPIES TO: _____