

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: GINGERBREAD CHILDREN CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/30/2026
Facility Address: 3813 HUNTER CREEK ROAD, NORTHPORT, AL 35476, Tuscaloosa	Licensee: GINGERBREAD CHILDREN CENTER INC	Telephone #: (205) 339-5650
Ages: 6 Weeks to 12 Years	Director (if applicable): JACQUELINE KEY	Capacity: 114 NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Center free of apparent hazards, Inspection Form Comments: Two classrooms with peeling paint on one wall (18-30 months) (3-year-old).	Pending Correction
Failed - Changing area cleaned and disinfected, Inspection Form Comments: 18-30-month room	Pending Correction
Failed - Each child's hands washed after diapering, Inspection Form Comments: 18-30- month room	Pending Correction
Failed - Infants held for bottle feeding, Inspection Form Comments: Infants holding bottle while in the bouncer.	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 _____, 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.

Jacqueline R. Key

9.30.26

Signature of Facility Representative

Date

BRANDUL PERINE

***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____