ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: SKIPCARE, LLC.	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 10/2/2026
Facility Address: 309 S Pine St, Greenville, AL 36037, Butler	Licensee: LAURA SKIPPER	Telephone #: (334) 371-7547
Ages: 6 Weeks to 4 Years	Director (if applicable): LAURA SKIPPER	Capacity: 34 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: MISSING DOCUMENTATION	Pending Correction
Failed - References, Staff Checklist Comments: MISSING DOCUMENTATION	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: MISSING DOCUMENTATION	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: MISSING DOCUMENTATION	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: MISSING DOCUMENTATION	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: MISSING DOCUMENTATION	Pending Correction
Failed - Preadmission Form, Child Checklist	Pending Correction

Comments: MISSING DOCUMENTATION	
Failed - Immunization Certificate, Child Checklist Comments: MISSING DOCUMENTATION	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: MISSING DOCUMENTATION	Pending Correction
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Failed - Immunization Certificate, Child Checklist Comments: MISSING DOCUMENTATION	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: MISSING DOCUMENTATION	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: MISSING DOCUMENTATION	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: MISSING DOCUMENTATION	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: EXPIRED	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: MISSING DOCUMENTATION	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / PreSchool Comments: LYSOL AND CLOROX WIPES NOT UNDER LOCK & KEY OR COMBINATION LOCK	10/2/2026
Failed - Hazardous substances locked, Classroom Checklist / Toddler Room Comments: SHAVING CREAM & DOVE SPRAY NOT UNDER LOCK & KEY OR COMBINATION LOCK.	10/2/2026

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 _____10/25/2026_____, 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.

Laura Skipper _____ _____**10/02/2026**_____

Signature of Facility Representative Date

AMY HORN

_____ _____**10/02/2026**_____

Signature of DHR Licensing Representative Date

COPIES TO: _____DIRECTOR_____