ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KINDER CARE LEARNING CENTER #1334	Type of Facility : Center [X] Day [X] Night [ ] OST [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 10/2/2026
Facility Address: 3160 OLD COLUMBIANA ROAD, HOOVER, AL 35226, Jefferson	Licensee: KINDER CARE LEARNING CENTERS LLC	Telephone #: (205) 822-8110
Ages: 6 Weeks to 12 Years	Director (if applicable): JOYCELYN WILLIAMS	Capacity: 103 Day / NA Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
FEEDING, Allegation Comments:	Pending Correction
The Authorization form is blanket and does not align with the doctor's note provided to the cnter. , Ad Hoc Comments: NA	Pending Correction
Per documentation received on 10/02/2026, a child (19 months) received food that is listed on the center's allergy and dietary preference list. , 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 _____, 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.

MMcclannah
Signature of Facility Representative

10/02/2026
Date

SHUNDR NEVELS

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____