ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

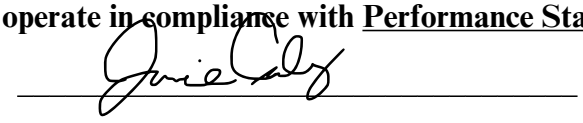
Facility Name: KIDZ KORNER CHILD CARE, LLC.	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 9/24/2026
Facility Address: 5640 THREE NOTCH ROAD, MOBILE, AL 36619, Mobile	Licensee: KIDZ KORNER CHILD CARE, LLC.	Telephone #: (251) 666-1003
Ages: 6 Weeks to 12 Years	Director (if applicable): JANICE CROLEY	Capacity: 70 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Medical, Staff Checklist Comments: A staff member has an expired medical on file in the center.	10/6/2026
Failed - Preadmission Form, Child Checklist Comments: A child's preadmission form is incomplete on file in the center.	9/24/2026
Failed - Written schedule posted with 60-90 minutes of active play, Classroom Checklist / 4 Year Olds- School Age Comments: The school age schedule is not posted in the classroom.	9/24/2026

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 _____N/A_____, 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.



10-06-2026

Signature of Facility Representative Date

LESLIE WILLIAMS **10/06/2026**

Signature of DHR Licensing Representative Date

COPIES TO: _____Jan Croley_____