

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDS CONNECT LEARNING CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/8/2025
Facility Address: 937 ALLISON BONNETT PKWY, HUEYTOWN, AL, 35023, Jefferson	Licensee: STEPHANIE SIMPSON	Telephone #: (205) 744-9911
Ages: 4 Weeks to 12 Years	Director (if applicable): STEPHANIE SIMPSON	Capacity: 72 NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - 18 up to 2½ years 1 to 7, Inspection Form Comments: 11 Children to 1 teacher	7/15/2025
Failed - Fire, Inspection Form Comments: Have not done drills this year	8/8/2025
Failed - Thermometer in each area used by children, Inspection Form Comments: Missing thermometer in the Preschool Classroom (4-5 yrs) and one not working (battery) in Preschool (3-5yrs)	7/15/2025
Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: There are cleaning supplies not under lock and key/ combination lock in the Infant Classroom (6wks-18mos)	7/15/2025
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: Some of the facility staff are enrolled in the Alabama Pathways Registry.	8/8/2025
Failed - Ongoing Training, Staff Checklist Comments: Missing 3 hrs	7/15/2025
Failed - Medical, Staff Checklist Comments: Missing in file	8/8/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Missing in file	8/8/2025
Failed - Written Verification of Standards Read, Staff Checklist Comments: Missing in file	8/8/2025

Failed - Health and Safety Training, Staff Checklist Comments: Missing 11 areas	7/15/2025
Two (2) Infants (6wks-12mos) were asleep in the rocker seats/ bouncy seats with blankets in the Infant Classroom., Ad Hoc Comments: NA	7/15/2025
Staff files are incomplete., 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.

Stephanie Simpson
Signature of Facility Representative

8-8-2025
Date

Shundr Nevels
Signature of DHR Licensing Representative

Date

COPIES TO: _____