ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDZ EXCEL CHRISTIAN CDC	Type of Facility : Center [X] Day [X] OST [ ] Night [X] Family [ ] University [Group [ ]	Date of Visit: 8/13/2025
Facility Address: 2902 PIKE AVENUE, HUNTSVILLE, AL 35810, Madison	Licensee: MICHELE DEGRAFFENRIED	Telephone #: (256) 270-8317
Ages: 6 Weeks to 12 Years/	Director (if applicable): EBONY PARKER	Capacity: 45 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Children younger than 2 ½ grouped separately, Inspection Form Comments: There was an infant and toddler in the 2 1/2 to 3 year old classroom.	8/13/2025
Failed - Infants not seated for more than 15 minutes, Inspection Form Comments: Infant seated longer than 15 minutes.	Pending Correction
Failed - Changing area cleaned and disinfected, Inspection Form Comments: infant was changed on staff lap.	Pending Correction
Failed - Staff use universal precautions when diapering, Inspection Form Comments: Staff did not wash her hands or infants hands after diaper change.	Pending Correction
Failed - Infants placed on back to sleep unless physician's statement indicates otherwise, Inspection Form Comments: infant was asleep in an seat.	8/13/2025
Failed - Infants held for bottle feeding, Inspection Form Comments: Infant was in an infant seat holding its bottle. Staff has not holding the bottle fed infant.	8/13/2025
Failed - Child's hands washed before and after snacks, after diapering, toileting, Inspection Form Comments: children's hand were not washed befor and after lunch.	Pending Correction
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	Pending Correction

Comments: Staff training is not in Alabama Pathways	
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Expired 7/16/2025	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Can expired 7/16/2025	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: pre admission form not filled out completely	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: pre-admission form not filled out completely.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: immunization certificate expired 03/30/2025	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: pre-admission form not filled out completely.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: pre-admission form not filled out completely.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: pre-admission form not filled out completely.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: pre-admission form is not filled out completely	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / Nursery Comments: There was Lysol and Air freshener on top of the counter.	8/13/2025

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.

_____ _____

Signature of Facility Representative Date

LaTonya James

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____