ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: V.I.P CHILDCARE	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [X] University [ ] Group [ ]	Date of Visit: 8/13/2025
Facility Address: 6081 JOHNS ROAD, HUEYTOWN, AL 35023, Jefferson	Licensee: ARTORIAN WEBSTER	Telephone #: (517) 574-2580
Ages: 0 Weeks to 16 Years	Director (if applicable):	Capacity: 5 / 5 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Dangerous substances locked, Inspection Form Comments: laundry detergent, insecticide, cleaning wipes, etc.	8/13/2025
Failed - Electrical outlets covered, Inspection Form Comments: plug not covered in dining area	8/13/2025
Failed - Medication for children or household members locked, Inspection Form Comments: supplements unlocked in bathroom cabinet	8/13/2025
Failed - Ongoing Training, Staff Checklist Comments: missing 19 hours	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing HSUP 1, 7, 8, & CA/N	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing 6 hours	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: missing	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: missing	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: missing	Pending Correction

Failed - Immunization Certificate, Child Checklist Comments: missing	Pending Correction
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Failed - Preadmission Form, Child Checklist Comments: missing	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: missing	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 8/27/2025**, 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.

_________________________ 10/1/25

Signature of Facility Representative Date

sonya long **8/14/25**

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Signature of DHR Licensing Representative Date

COPIES TO: __licensee____