

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDDY CITY	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 8/21/2025
Facility Address: 118 BROOKWOOD ROAD EAST, MIDFIELD, AL 35228, Jefferson	Licensee: KIDDY CITY	Telephone #: (205) 438-6275
Ages: 6 Weeks to 12 Years/13 Years to 13 Weeks	Director (if applicable): CHANETTA CHAVERS	Capacity: 75 / 45 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Fire, Inspection Form Comments: No drills documented since June 2024	Pending Correction
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: An orange shop vacuum and (2) rolls of turf in plastic accessible to children.	Pending Correction
Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: Cleaning supplies on the shelf in the hallway not under lock and key/ combination lock	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 Comments: None of the facility staff are enrolled in the Alabama Pathway's Registry.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing from the file	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing from the file	Pending Correction
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Failed - Ongoing Training, Staff Checklist Comments: Missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: No present	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: No present	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Incomplete- missing signatures and dates	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Incomplete	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Expired	Pending Correction
Failed - Waterproof mattress, sheets, Classroom Checklist / SUNSHINE Comments: 1 torn mattress	Pending Correction
School age classroom is not set-up to receive children., 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.

Signature of Facility Representative

Shundr Nevels

Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____