

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

SECTION A- IDENTIFYING INFORMATION

| | | |
|--|---|--|
| Facility Name: YOUR KIDS AND MINE DAY CARE | Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group [] | Date of Visit: 8/21/2025 |
| Facility Address: 2518 WINCHESTER ROAD #B, HUNTSVILLE, AL 35810, Madison | Licensee: LATRINA RICE | Telephone #: (256) 429-8619 |
| Ages: 6 Weeks to 16 Years/6 Weeks to 16 Years | Director (if applicable): LATRINA RICE | Capacity: 46 / NA Day Night |

SECTION B - DEFICIENCY INFORMATION

| Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY* | Date Corrected by Licensee |
|---|---------------------------------------|
| Deficiency Summary | |
| Failed - *Climbing apparatus, Inspection Form Comments: no climbing equipment on the playground | Pending Correction |
| Failed - *Crawl-through equipment, Inspection Form Comments: no crawl-through equipment on the playground. | Pending Correction |
| Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: staff need updated suitability letter. | Pending Correction |
| Failed - Ongoing Training, Staff Checklist Comments: missing 9 hours | Pending Correction |
| Failed - Ongoing Training, Staff Checklist Comments: need 9 hours training. | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist Comments: missing CCDF 11 | Pending Correction |
| Failed - Ongoing Training, Staff Checklist Comments: need 9 hours | Pending Correction |
| Failed - Ongoing Training, Staff Checklist Comments: need 9 hours | Pending Correction |
| Failed - Ongoing Training, Staff Checklist Comments: need 9 hours | Pending Correction |
| Failed - Ongoing Training, Staff Checklist Comments: need 15 hours | Pending Correction |
| Failed - Immunization Certificate, Child Checklist Comments: need Alabama immunization record | Pending Correction |
| Failed - Hazardous substances locked, Classroom Checklist / Baby room Comments: cleaning products not under lock and key. | 8/21/2025 |

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: _____