

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDDIE KASTLE DAYCARE &LEARNING CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/26/2025
Facility Address: 3801 HUNTSVILLE AVE, BRIGHTON, AL, 35020, Jefferson	Licensee: ROSSETTA WEBB	Telephone #: (205) 800-7576
Ages: 1 Weeks to 14 Years	Director (if applicable): ROSSETTA WEBB	Capacity: 64 NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	<u>Date Corrected by</u> Licensee
Deficiency Summary	
Failed - Off-street loading/unloading provided, Inspection Form Comments: Incomplete	Pending Correction
Failed - Outdoor area adjoins or is safely accessible, Inspection Form Comments: Incomplete	Pending Correction
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Incomplete	Pending Correction
Failed - Fence or wall free of sharp edges, Inspection Form Comments: Incomplete	Pending Correction
Failed - Shade and sun areas provided, Inspection Form Comments: Incomplete	Pending Correction
Failed - Outdoor play area free of apparent hazardous conditions;, Inspection Form Comments: Incomplete	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: incomplete	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Incomplete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Incomplete	Pending Correction
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Failed - Health and Safety Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / Toddler 1 Room Comments: Incomplete	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.

Brandul Perine
Signature of Facility Representative

08/27/2025
Date

Brandul Perine
Signature of DHR Licensing Representative

Date

COPIES TO: _____