

**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: 9/24/2025
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

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
There were no deficiencies cited during today's visit.	
Failed - *Climbing apparatus, Inspection Form Comments: no climbing equipment on the playground	9/24/2025
Failed - *Crawl-through equipment, Inspection Form Comments: no crawl-through equipment on the playground.	9/24/2025
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: staff need updated suitability letter.	9/15/2025
Failed - Ongoing Training, Staff Checklist Comments: missing 9 hours	9/24/2025
Failed - Ongoing Training, Staff Checklist Comments: need 9 hours training.	9/15/2025
Failed - Health and Safety Training, Staff Checklist Comments: missing CCDF 11	9/24/2025
Failed - Ongoing Training, Staff Checklist Comments: need 9 hours	9/24/2025
Failed - Ongoing Training, Staff Checklist Comments: need 9 hours	9/24/2025
Failed - Ongoing Training, Staff Checklist Comments: need 9 hours	9/24/2025
Failed - Ongoing Training, Staff Checklist Comments: need 15 hours	9/24/2025
Failed - Immunization Certificate, Child Checklist Comments: need Alabama immunization record	9/24/2025
Failed - Hazardous substances locked, Classroom Checklist / Baby	8/21/2025

room
Comments: cleaning products not under lock and key.

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 N/A, 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.

Catrina Rice
Signature of Facility Representative

9-24-25
Date

LaTonya James LaTonya James
Signature of DHR Licensing Representative

Sept. 24, 2025
Date

COPIES TO: LaTonya Rice