

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: HUMPTY DUMPTY CHILDCARE, LLC	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 10/3/2025
Facility Address: 3784 NORMAN BRIDGE RD, MONTGOMERY, AL 36105, Montgomery	Licensee: HUMPTY DUMPTY CHILDCARE, LLC	Telephone #: (334) 612-0903
Ages: 6 Weeks to 12 Years	Director (if applicable): Mildred Jefferson	Capacity: 111 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
No deficiencies observed at the time of visit.	
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Wrong Suitability Letter	10/3/2025
Failed - Immunization Certificate, Child Checklist Comments: Expired	10/3/2025
Failed - Preadmission Form, Child Checklist Comments: Missing Documentation	10/3/2025
Failed - Preadmission Form, Child Checklist Comments: Missing Documentation	10/3/2025
Failed - Immunization Certificate, Child Checklist Comments: expired	10/3/2025
Failed - Preadmission Form, Child Checklist Comments: Missing Documentation	10/3/2025
Failed - Preadmission Form, Child Checklist Comments: Missing Documentation	10/3/2025
Failed - Electrical outlets covered, Classroom Checklist / Nursery Comments: Uncovered outlet	9/12/2025
Failed - Hazardous substances locked, Classroom Checklist / Nursery Comments: Lysol disinfectant wipes not under lock & key or combination lock	9/12/2025
One staff has the wrong suitability letter., Ad Hoc Comments: NA	10/3/2025

The Toddler classroom is out of ratio due to the staff not having the correct suitability letter., Ad Hoc Comments: NA	9/12/2025
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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

Amy Horn

Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____