

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: KIDZ KONNECTION CDC LLC	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 11/13/2025
Facility Address: 1011 BROOKLANE DR, HUEYTOWN, AL 35023, Jefferson	Licensee: DELORIS BOYD	Telephone #: (205) 881-4171
Ages: 6 Weeks to 12 Years	Director (if applicable):	Capacity: 60      /      NA Day      Night


**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	Date Corrected by Licensee
<b>Deficiency Summary</b>	
Failed - Vehicle safety check done annually, signed by certified mechanic, dated, and filed in center, Inspection Form Comments: Expired	Pending Correction
Failed - 0 up to 18 months 1 to 5, Inspection Form Comments: Due to expired CAN	10/1/2025
Failed - 2 ½ years up to 4 years 1 to 11, Inspection Form Comments: Due to expired CAN	Pending Correction
There are (2) staff members present with expired CANs and (1) Suitability Letter. , Ad Hoc Comments: NA	Pending Correction
One child's file is incomplete., Ad Hoc Comments: NA	10/1/2025
Staff files are incomplete., 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**

11/13/2025  
Date

SHUNDR NEVELS

\_\_\_\_\_  
**Signature of DHR Licensing Representative**

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_