ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: CITY OF LIGHTS	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 11/25/2025
Facility Address: 23 AUSTIN CIRCLE, DORA, AL 35062, Walker	Licensee: CITY OF LIGHTS	Telephone #: (205) 255-6688
Ages: 0 Weeks to 14 Years	Director (if applicable): ANGELA ALEXANDER	Capacity: 94 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary Center request to change classrooms around. Center changed the Toddler, Preschool K2, and PreK classrooms. Center changed the current Toddler classroom to an extra All Purpose Play Room. Please see inspection documents for updates. All classrooms are approved to use.Center is in the planning process of adding more play space. Center did not increase the capacity or amend the current license during this visit. Upon arrival, there were 3 infants asleep in one crib for morning nap in the Nursery. , Ad Hoc Comments: NA	11/25/2025

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.

Amy Raynor _____ 11/25/2025 _____

Signature of Facility Representative Date

SHUNDR NEVELS

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____