ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDZ KLUBHOUSE OF SELMA PRE K	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 1/28/2026
Facility Address: 1101 OLD ORRVILLE ROAD, SELMA, AL 36701, Dallas	Licensee: DE'SHANDA HATCHER	Telephone #: (334) 526-2223
Ages: 3 Years to 14 Years	Director (if applicable): DE'SHANDA HATCHER	Capacity: 30 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: red playhouse paint peeling	Pending Correction
Failed - Medical, Staff Checklist Comments: missing	Pending Correction
Failed - TB Test Date and Results, Staff Checklist Comments: missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing	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 __2/14/26_____**, 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.

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Signature of Facility Representative Date

KAMILA CROWELL

_____ _____**01/28/26**_____

Signature of DHR Licensing Representative Date

COPIES TO: director