

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: BABY DUCK ACADEMY 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: 2/6/2026
Facility Address: 1129 SPRINGVILLE RD, BIRMINGHAM, AL, 35215, Jefferson	Licensee: SHERMAN COLLINS JR	Telephone #: (205) 518-0822
Ages: 0 Weeks to 10 Years	Director (if applicable): SHERMAN COLLINS JR	Capacity: 70      ,      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 - Medications and drugs kept under lock and key or combination lock, separate from harmful items, Inspection Form Comments: Lotion in the infant room was not under lock and key.	12/4/2025
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: All facility staff not enrolled in Alabama Pathways.	12/12/2025
Failed - Medical exam and TB test on file at time of employment, Inspection Form Comments: One staff is missing medical form.	12/12/2025
Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form Comments: One facility staff has infant-child CPR and first aid.	12/18/2025
Failed - Preadmission Form, Child Checklist Comments: Missing signature on second page of form.	12/4/2025
Staff files are incomplete. , Ad Hoc Comments: NA	12/12/2025
One staff has expired CA/N. , Ad Hoc Comments: NA	12/18/2025

**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.



\_\_\_\_\_  
**Signature of Facility Representative**

SHUNDR NEVELS

2-06-2026

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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