ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [ ] Day [X] Night [X] OST [ ] Family [X] University [ ] Group [ ]	Date of Visit:
JOEANNAH CHAVIS		2/13/2026
Facility Address:	**Licensee:**	**Telephone #:**
2136 BRIAR GATE DR, MONTGOMERY, AL 36116, Montgomery	JOEANNAH CHAVIS	(334) 840-2031
Ages:	**Director (if applicable):**	**Capacity:**
3 Weeks to 12 Years/3 Weeks to 12 Years		6 Day , 6 Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
Failed - Dangerous substances locked, Inspection Form Comments: Cleaning supplies and medication were not under lock and key.	2/13/2026
Failed - Outdoor play area and equipment free from apparent hazards, Inspection Form Comments: There is a live ant bed on the left side of the playground near the cement patio. There is a loose board on the right side of the fence, 2 loose boards and 1 broken board on back wall of fence, and 4 broken boards on the left side of the fence.	Pending Correction
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: All staff information is not current in Alabama Pathways.	Pending Correction
Failed - Soft materials including pillows quilts comforters sheepskins bumper pads stuffed toys prohibited in sleeping environment, Inspection Form Comments: Infant was sleep in playpen with baby bib on.	2/13/2026
Failed - Formula and food brought from child's home labeled and stored properly, Inspection Form Comments: A child's milk cup wasn't label with name.	2/13/2026
Failed - Health and Safety Training, Staff Checklist	Pending Correction

Comments: Staff is missing 10 of the required health and safety trainings (CCDF #1,2,3,4,5,6,7,8,10, and 11)

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 02/27/2026, 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.

Shaunda Reaves — 2/14/2026

Signature of Facility Representative — Date

Shaunda Reaves

02/13/2026

Signature of DHR Licensing Representative — Date

COPIES TO: Licensee