ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: ABC 123 MAGICLAND, LLC	Type of Facility : Center [X] Day [X] OST [ ] Night [X] Family [ ] University [ ] Group [ ]	Date of Visit: 2/19/2026
Facility Address: 1518 4TH AVENUE NORTH, BESSEMER, AL 35020, Jefferson	Licensee: ABC 123 MAGICLAND, LLC	Telephone #: (205) 424-9499
Ages: 1 Months to 13 Years/1 Months to 13 Years	Director (if applicable): FLORENCE SPEIGHTS	Capacity: 72 / 0 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
There were no deficiencies observed during today's visit.	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Chipping paint and rust on crawl through equipment, stationary 4 seater, and merry go cycle.	2/2/2026
Failed - 0 up to 18 months 1 to 5, Inspection Form Comments: Classroom was out of ratio.	1/29/2026
Failed - 0 up to 18 months 1 to 5, Inspection Form Comments: Classroom out of ratio.	1/29/2026
Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form Comments: Infant-child CPR and first aid have expired for all staff.	2/6/2026
Failed - Vehicle safety check done annually, signed by certified mechanic, dated, and filed in center, Inspection Form Comments: Missing.	1/30/2026
Failed - Medical, Staff Checklist Comments: Expired.	2/2/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Expired.	3/11/2026
Failed - Medical, Staff Checklist Comments: Expired.	2/25/2026
Failed - Medical, Staff Checklist Comments: Expired.	2/25/2026

Failed - Medical, Staff Checklist Comments: Expired.	2/2/2026
Failed - Preadmission Form, Child Checklist Comments: Missing signature on page 2.	1/29/2026
Failed - Preadmission Form, Child Checklist Comments: Missing signature on page 2.	1/29/2026

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 Date

AJOIA MCGHEE

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____