ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDDIE GARDEN TOO CHILDCARE & LEARNING	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 2/4/2026
Facility Address: 661 WEST MAIN STREET, DOTHAN, AL 36301, Houston	Licensee: POSITIVE SEED PLANTERS LLC	Telephone #: (334) 333-0691
Ages: 0 Years to 13 Years	Director (if applicable): ZANN MELTON STEWART	Capacity: 37 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary amended to show needed fingerprint.	
Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: There is bathroom cleaner in the upstairs bathroom closet that is not locked.	2/4/2026
Failed - Containers labeled, Inspection Form Comments: There is a spray bottle of cleaner that is not labeled.	2/4/2026
Failed - Medications and drugs kept under lock and key or combination lock, separate from harmful items, Inspection Form Comments: There is Vaseline and baby lotion not under lock and key.	2/4/2026
Failed - Exposed electrical outlets have protective covers, Inspection Form Comments: There are several exposed power outlets in the center.	2/4/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired	3/23/2026
Failed - Immunization Certificate, Child Checklist	2/4/2026

Comments: not in the file

Failed - Preadmission Form, Child Checklist 2/4/2026
Comments: There are no addresses for emergency or release contacts.

Failed - Preadmission Form, Child Checklist 2/4/2026
Comments: Parent signatures are missing off the back.

Failed - Hazardous substances locked, Classroom Checklist / Busy Bees 2/4/2026
Comments: Lysol disinfectant spray was not under lock and key.

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 _____x_____, 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.

Zann Stewart 3/23/26

Signature of Facility Representative Date

JAY DALTON **3/23/26**

Signature of DHR Licensing Representative Date

COPIES TO: Zann Stewart