

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

**SECTION A- IDENTIFYING INFORMATION**

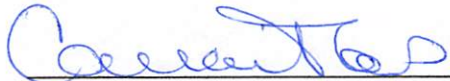
Facility Name: THE NEIGHBORHOOD SCHOOL	Type of Facility : Center [X] Day [X]      OST [ ] Night [X]    Family [ ] University [ ] Group [ ]	Date of Visit: 4/10/2026
Facility Address: 26481 KENSINGTON PLACE, DAPHNE, AL 36526, Baldwin	Licensee: THE NEIGHBORHOOD SCHOOL, INC	Telephone #: (251) 626-0074
Ages: 6 Weeks to 14 Years/1 Days to 10 Days	Director (if applicable): CARRIANN TOOMBS	Capacity: 90      /      45 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 - Children younger than 2 ½ grouped separately, Inspection Form Comments: Upon arrival the 2 1/2 and older was mixed with the 2 1/2 and younger	Pending Correction
Failed - All children supervised at all times, Inspection Form Comments: Two children under 21/2 were playing in a nook unsupervised.	Pending Correction
Failed - Designated staff complete and sign checklist, Inspection Form Comments: Need complete signatures on checklist	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 5-09-26, 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.



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

SHIRLEY SIMPKINS

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

Facility

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

4/14-26

\_\_\_\_\_  
Date

4-10-26

\_\_\_\_\_  
Date