

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDS CONNECT LEARNING CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 5/12/2026
Facility Address: 937 ALLISON BONNETT PKWY, HUEYTOWN, AL 35023, Jefferson	Licensee: STEPHANIE SIMPSON	Telephone #: (205) 744-9911
Ages: 4 Weeks to 15 Years	Director (if applicable): STEPHANIE SIMPSON	Capacity: 72 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
One staff member walked away from the Preschool Classroom (4-5yrs) to receive children. , Ad Hoc Comments: NA	5/12/2026
There are (2) two children (1 and 2 yrs) grouped/ mixed with the Preschool Classroom (3 yrs). , Ad Hoc Comments: NA	5/12/2026
Upon arrival, the Infants (6wks-18mos) were sitting in the feeding/mini highchairs for more than 15 mins., Ad Hoc Comments: NA	5/12/2026

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.

Stephanie Simpson

5/12/2026

Signature of Facility Representative

Date

SHUNDR NEVELS

**Signature of DHR Licensing
Representative**

Date

COPIES TO: _____