ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
STAY AND PLAY CHRISTIAN NURSERY, LLC	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	5/14/2026
Facility Address:	Licensee:	Telephone #:
302 E PERRY ST, DEMOPOLIS, AL 36732, Marengo	STAY AND PLAY CHRISTIAN NURSERY, LLC	(334) 289-3844
Ages:	Director (if applicable):	Capacity:
6 Weeks to 12 Years	LAUREN BICE	30 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: grass is too tall on toddler playground and front right gate entrance, on the toddler playground the yellow, blue red slide climbing apparatus has cracked edges, there are weeds and sticky briar bushes protruding the fence line on toddler playground	5/16/2026
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: There is a merry go round on right front entrance with chipped paint	5/16/2026
Failed - Photo ID Verification, Staff Checklist Comments: missing	5/16/2026
Failed - Medical, Staff Checklist Comments: expired	5/23/2026
Failed - Ongoing Training, Staff Checklist Comments: missing	5/22/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	5/22/2026
Failed - Photo ID Verification, Staff Checklist Comments: missing	5/22/2026
Failed - References, Staff Checklist Comments: missing	5/22/2026
Failed - Photo ID Verification, Staff Checklist Comments: missing	5/22/2026

Failed - Ongoing Training, Staff Checklist Comments: missing	5/22/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	5/22/2026
Failed - Photo ID Verification, Staff Checklist Comments: missing	5/22/2026
Failed - Ongoing Training, Staff Checklist Comments: missing	5/22/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	5/22/2026
Failed - Photo ID Verification, Staff Checklist Comments: missing	5/22/2026
Failed - References, Staff Checklist Comments: missing	5/22/2026
Failed - Ongoing Training, Staff Checklist Comments: missing	5/22/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	5/22/2026
Failed - Photo ID Verification, Staff Checklist Comments: missing	5/22/2026
Failed - Ongoing Training, Staff Checklist Comments: missing	5/22/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	5/22/2026
Failed - Diapering area, Classroom Checklist / Infant Comments: diaper pad torn	5/22/2026
Failed - Hazardous substances locked, Classroom Checklist / Toddler Comments: baby lotion disinfected wipes Cetaphil resinol febreeze bourdereaux paste	5/14/2026
Failed - Hazardous substances locked, Classroom Checklist / 24-36 Month Comments: baby lotion febreeze dove deodorant	5/14/2026
The tv screen is on in the infant room (6wks-18m)., Ad Hoc Comments: NA	5/14/2026
The front restroom on the left side has a floor ac vent with exposed rust., Ad Hoc Comments: NA	5/16/2026

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 5/28/26, 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.

5/14/26

Signature of Facility Representative Date

KAMILA CROWELL

5-14-2026

Signature of DHR Licensing Representative Date

COPIES TO: _____director_____