ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: PUNKIN PATCH KIDS ACADEMY	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 5/29/2026
Facility Address: 7825 1ST AVE. NORTH, BIRMINGHAM, AL 35206, Jefferson	Licensee: SHAQUITA WATLEY	Telephone #: (205) 743-9107
Ages: 6 Weeks to 12 Years	Director (if applicable): SHAQUITA WATLEY	Capacity: 60 / 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: On 5/29/26, the sandbox was broken and there were protruding nails along the surface of it.	Pending Correction
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: On 5/29/26, all staff were not enrolled/ trainings uploaded in Alabama Pathways.	Pending Correction
Failed - Designated staff complete and sign checklist, Inspection Form Comments: On 5/29/26, staff signatures were missing from multiple checklists.	Pending Correction
Failed - Driver signs checklist, indicating he/she has checked each seat, Inspection Form Comments: On 5/29/26, driver signatures were missing, indicating each seat had been checked.	Pending Correction
Failed - Medical, Staff Checklist	Pending Correction

Comments: On 5/29/26, the staff person did not have a current medical on file.	
Failed - Preadmission Form, Child Checklist Comments: On 5/29/26, doctor's information and signatures were missing on the form.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: On 5/29/26, signatures were missing from page two (2).	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 6/12/26, 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.

Shaquith Watts — 6/1/26

Signature of Facility Representative — Date

AJOIA MCGHEE — **5/29/26**

Signature of DHR Licensing Representative — Date

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