

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDZ CAMP	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 6/4/2026
Facility Address: 1256 HWY 43, KILLEN, AL 35645, Lauderdale	Licensee: AMANDA ROBERTSON	Telephone #: (256) 272-5060
Ages: 6 Weeks to 14 Years	Director (if applicable): AMANDA ROBERTSON	Capacity: 46 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Center free of apparent hazards, Inspection Form Comments: In the nursery and the preschool classroom, a staff's purse was hanging on a hook.	6/4/2026
Failed - No screen time for children under 2 years of age, Inspection Form Comments: The children in the nursery were watching tv.	6/4/2026
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 6/4/26, some staff's file is not in Alabama Pathways.	Pending Correction
Failed - Medical exam and TB test on file at time of employment, Inspection Form Comments: On 6/4/26, staff's file is missing current medical form.	Pending Correction
Failed - Medical, Staff Checklist Comments: On 6/4/26, staff's file needs an updated medical form.	Pending Correction

Failed - Immunization Certificate, Child Checklist Comments: On 6/4/26, immunization record expired 11/6/2025.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: On 6/4/26 no immunization record in file.	6/30/2026
Failed - Immunization Certificate, Child Checklist Comments: On 6/4/26 immunization record expired 10.28.25.	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 6/18/26, 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.

Amanda Robertson
Signature of Facility Representative

6/4/26
Date

LATONYA JAMES
Signature of DHR Licensing Representative

6/4/26
Date

COPIES TO: Amada Robertson