ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDS STUFF PRESCHOOL	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 6/30/2026
Facility Address: 320 HILLCREST ROAD, MOBILE, AL 36608, Mobile	Licensee: D & M LLC	Telephone #: (251) 343-6611
Ages: 18 Months to 5 Years	Director (if applicable): FELICIA JOHNS	Capacity: 72 / 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 free of apparent hazardous conditions:, Inspection Form Comments: There are active ant beds on the four-year old playground.	6/30/2026
Failed - Immunization Certificate, Child Checklist Comments: A child's immunization has expired on file in the center.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: A child's immunization form is not on file in the center.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: A child's immunization form is not on file in the center.	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / FOUR'S Comments: There are hazardous substances not under lock and key or combination lock. (Fabuloso, Disinfectant Spray, Totally Awesome and Bar Keepers Friend)	6/30/2026
Failed - Hazardous substances locked, Classroom Checklist / TWO A Comments: There are hazardous substances not under and lock or combination lock. (Germ-X, Disinfectant Spray, Spray bottle of Bleach/Water)	6/30/2026
Failed - Hazardous substances locked, Classroom Checklist / TWO	6/30/2026

B Comments: There are hazardous substances not under and lock or combination lock. (Lysol, Bleach/Water spray bottle)

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 ____07/14/2026_____, 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.

Felicia Johns — 6-30-2026

Signature of Facility Representative — Date

LESLIE WILLIAMS — **06/30/2026**

Signature of DHR Licensing Representative — Date

COPIES TO: _____**Felicia Johns**_____