ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: SCHOOL FOR AMAZING KIDS, DEARING DOWNS	Type of Facility : Center [X] Day [X] OST [ ] Night [X] Family [ ] University [ ] Group [ ]	Date of Visit: 6/30/2026
Facility Address: 209 VILLAGE PARKWAY, HELENA, AL, 35080, Shelby	Licensee: SCHOOL FOR AMAZING KIDS, DEAR DOWNS LLC	Telephone #: (205) 664-4445
Ages: 6 Weeks to 10 Years/6 Weeks to 10 Years	Director (if applicable): Sydni Knox	Capacity: 154 / 70 Day Night

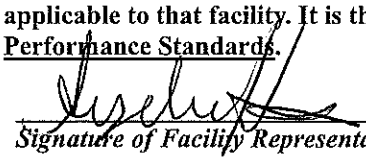
SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
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: Some of the staff are not enrolled in Alabama Pathways.	7/14/2026
Failed - Ongoing Training, Staff Checklist Comments: The staff does not have 12 hours of ongoing training.	7/14/2026
Failed - Health and Safety Training, Staff Checklist Comments: The staff does not have 11 hours of health and safety training.	7/14/2026
Failed - Waterproof mattress, sheets, Classroom Checklist / Infant A Comments: In the infant A room there was one ripped crib mattress and two ripped crib sheets.	7/4/2026
Failed - Electrical outlets covered, Classroom Checklist / Infant A Comments: In the infant A room there were three outlets without covers.	6/30/2026
Failed - Hazardous substances locked, Classroom Checklist / Infant A	6/30/2026

Comments: In the infant A room there was a hazardous substance not under lock and key (dish soap).	
Failed - Waterproof mattress, sheets, Classroom Checklist / Infant B Comments: In the infant B room there was one ripped crib mattress.	7/4/2026

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.



Signature of Facility Representative

7/20/26
Date

LEANNA TOWERY

Signature of DHR Licensing Representative

7/18/2026
Date

COPIES TO: director