ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDZ KLUBHOUSE OF SELMA PRE K	Type of Facility:Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 04/07/2025
Facility Address: 1101 OLD ORRVILLE ROAD, SELMA, AL 36701, Dallas	Licensee: DE'SHANDA HATCHER	Telephone #: (334) 526-2223
Ages: 3 Years to 14 Years	Director (if applicable): DE'SHANDA HATCHER	Capacity: 30 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**

Deficiency Summary

Failed - Child care workers/teachers/subs meet requirements for Health & Safety training, Inspection Form
Comments: Staff missing health & safety trainings
Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form
Comments: No one at the facility has certified first aid cpr.
Failed - Ongoing Training, Staff Checklist
Comments: Staff missing 12 hours of license trainings
Failed - Health and Safety Training, Staff Checklist
Comments: Staff missing health and safety trainings
Failed - Ongoing Training, Staff Checklist
Comments: Staff missing license trainings
Failed - Health and Safety Training, Staff Checklist
Comments: Staff missing health & safety trainings
Failed - Ongoing Training, Staff Checklist
Comments: Staff missing license trainings
Failed - Immunization Certificate, Child Checklist
Comments: Immunization expired
Staff files are not complete., Ad Hoc
Comments: NA
One child's file is not complete., Ad Hoc
Comments: NA
There are not 2 staff at the center with certified first aid cpr., Ad Hoc
Comments: NA

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 Date

Kamila Crowell

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____