

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: PURPOSE KIDSZ 3.0	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/19/2026
Facility Address: 830 S. MEMORIAL DRIVE, PRATTVILLE, AL 36067, Autauga	Licensee: DAVINA TOLVER	Telephone #: (334) 922-0092
Ages: 12 Years	Director (if applicable): DAVINA TOLVER	Capacity: 30 / 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 - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form Comments: Only one staff with CPR First Aid all hours of the day.	8/12/2026
Failed - Fire, Inspection Form Comments: Fire	8/12/2026
Failed - Tornado, Inspection Form Comments: Tornado	8/19/2026
Failed - Lockdown, Inspection Form Comments: Lockdown	8/19/2026
Failed - Relocation, Inspection Form Comments: Relocation	8/19/2026
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: Training is not in Pathways.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: 12 hours regular training	7/31/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Expired	Pending Correction
Failed - Medical, Staff Checklist Comments: Expired	7/31/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing 6 hours	7/31/2026
Failed - *Games: choose indoor or table games suited to age of	8/12/2026

children-1 per 5 children, Classroom Checklist / Purpose Kids-Classroom Comments: Need 2 Failed - *Games: choose outdoor or active games suited to age of children-1 per 5 children, Classroom Checklist / Purpose Kids-Classroom Comments: Need 3 Failed - Hazardous substances locked, Classroom Checklist / Purpose Kids-Classroom Comments: Staff purse not under lock and key.	8/12/2026 7/28/2026
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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 09/02/2026, 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.

Davina Tolver

08/19/2026

Signature of Facility Representative

Date

JESSICA VICE

08/19/2026

Signature of DHR Licensing Representative

Date

COPIES TO: _____