

Evaluation Form

1. Inspection Schedule Details

Inspection Type: Follow-up inspection

Facility Name: PETER PAN DAY CARE

Inspector/Investigator:
jessica.vice@dhr.alabama.gov

Visit Type: Unannounced

Facility Address: 1104 SECOND AVENUE,
NORTH, CLANTON, AL 35045, Chilton

Visit Date: 8/26/2026

Inspection Status: Completed

2. Inspection Questionnaire

Facilities - Outdoor area (II.C.5)

S No.	Questions	Answer	Comments
1	Fence or wall free of sharp edges	Not Met	White lattice is detached and has sharp edges.
2	Gates secured	Not Met	Front gate is not secure.
3	Outdoor play area free of apparent hazardous conditions:	Not Met	Large hole in the back area of the playground poses a hazard.
4	Concrete/asphalt not used under equipment	Not Met	Tube slide climber has exposed concrete at bottom.

3. Classroom Checklist

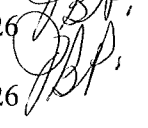
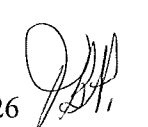
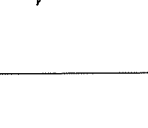
Name of Teacher / Room #	/	
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**ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT**

SECTION A- IDENTIFYING INFORMATION

Facility Name: PETER PAN DAY CARE	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/26/2026
Facility Address: 1104 SECOND AVENUE, NORTH, CLANTON, AL 35045, Chilton	Licensee: PETER PAN DAYCARE KNDG OF CLANTON AL INC	Telephone #: (205) 755-9530
Ages: 3 Weeks to 16 Years	Director (if applicable): JUANITA PARKER	Capacity: 105 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Fence or wall free of sharp edges, Inspection Form Comments: White lattice is detached and has sharp edges.	8/26/2026 
Failed - Gates secured, Inspection Form Comments: Front gate is not secure.	8/26/2026 
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: Large hole in the back area of the playground poses a hazard.	8/26/2026 
Failed - Concrete/asphalt not used under equipment, Inspection Form Comments: Tube slide climber has exposed concrete at bottom.	8/26/2026 

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 8 x 26, 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.

Janita B. Parker
Signature of Facility Representative

8-26-26
Date

JESSICA VICE

**Signature of DHR Licensing
Representative**

08/26/26
Date

COPIES TO: _____ Center _____

Age of Children	
Number of Children	
Number of Staff	

S No.	Questions	Answer	Comments

Name of Teacher / Room #	1	
Age of Children	0-1 mo	
Number of Children	5	
Number of Staff	1	

S No.	Questions	Answer	Comments

Name of Teacher / Room #	2	
Age of Children	18mo - 2 1/2 yrs	
Number of Children	7	
Number of Staff	1	

S No.	Questions	Answer	Comments

Name of Teacher / Room #	3	
Age of Children	24mo - 36mo	
Number of Children	8	

Number of Staff	1	
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S No.	Questions	Answer	Comments

Name of Teacher / Room #	14	
Age of Children	2½ - 4yrs	
Number of Children	11	
Number of Staff	1	

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S No.	Questions	Answer	Comments

Name of Teacher / Room #	5	
Age of Children	4 - up.	
Number of Children	1 - 18	
Number of Staff	1 -	

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S No.	Questions	Answer	Comments

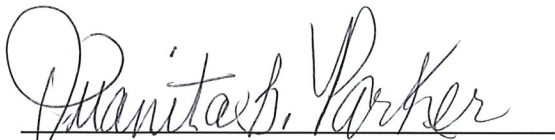
Name of Teacher / Room #	6	
Age of Children	School-Age	
Number of Children	4	
Number of Staff	1	

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S No.	Questions	Answer	Comments

4. Ad Hoc Deficiency

S No.	Deficiency
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 Provider's Signature

Number of Staff	
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S No.	Questions	Answer	Comments

Name of Teacher / Room #	
Age of Children	
Number of Children	
Number of Staff	

S No.	Questions	Answer	Comments

Name of Teacher / Room #	
Age of Children	
Number of Children	
Number of Staff	

S No.	Questions	Answer	Comments

Name of Teacher / Room #	
Age of Children	
Number of Children	
Number of Staff	

Number of Staff		
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S No.	Questions	Answer	Comments

Name of Teacher / Room #	
Age of Children	
Number of Children	
Number of Staff	

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S No.	Questions	Answer	Comments

Name of Teacher / Room #	
Age of Children	
Number of Children	
Number of Staff	

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S No.	Questions	Answer	Comments

Name of Teacher / Room #	
Age of Children	
Number of Children	
Number of Staff	

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