

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: JUST 4 THE KIDS DAYCARE COLLEGE, LLC	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 9/4/2026
Facility Address: 1641 SPARKMAN DRIVE NW, HUNTSVILLE, AL 35816, Madison	Licensee: PAULETTE EDWARDS	Telephone #: (256) 919-5424
Ages: 6 Weeks to 14 Years/6 Weeks to 14 Years	Director (if applicable): PAULETTE EDWARDS	Capacity: 63 / 20 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
There were no deficiencies noted during today's visit.	
Failed - Each child signed in and signed out with a written signature or bio-metric ID, Inspection Form Comments: On 8/19/26, four (4) children were not signed in.	9/4/2026
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: On 8/19/26, landscape fabric was exposed posing a tripping hazard.	9/4/2026
Failed - 2 ½ years up to 4 years 1 to 11, Inspection Form Comments: On 8/19/26, the Toddler 2 classroom was out of ratio.	9/4/2026
Failed - 4 years up to school age 1 to 18, Inspection Form Comments: On 8/19/26, the Preschool classroom was out of ratio.	9/4/2026
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: On 8/19/26, all staff were not enrolled in Alabama Pathways.	Pending Correction

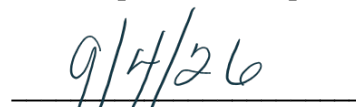
Failed - Ongoing Training, Staff Checklist Comments: On 8/19/26, all trainings were expired.	9/4/2026
Failed - Health and Safety Training, Staff Checklist Comments: On 8/19/26, all trainings were expired.	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: On 8/19/26, the staff person's CA/N was expired.	9/2/2026
Failed - Ongoing Training, Staff Checklist Comments: On 8/19/26, all trainings were expired.	9/4/2026
Failed - Health and Safety Training, Staff Checklist Comments: On 8/19/26, all trainings were expired.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: On 8/19/26, all trainings were expired.	9/4/2026
Failed - Health and Safety Training, Staff Checklist Comments: On 8/19/26, all trainings were expired.	9/4/2026
Failed - Ongoing Training, Staff Checklist Comments: On 8/19/26, all trainings were expired.	9/2/2026
Failed - Health and Safety Training, Staff Checklist Comments: On 8/19/26, all trainings were expired.	9/4/2026
Failed - Ongoing Training, Staff Checklist Comments: On 8/19/26, all trainings were expired.	9/4/2026
Failed - Health and Safety Training, Staff Checklist Comments: On 8/19/26, all trainings were expired.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: On 8/19/26, all trainings were expired.	9/4/2026
Failed - Health and Safety Training, Staff Checklist Comments: On 8/19/26, all trainings were expired.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: On 8/19/26, all trainings were expired.	9/4/2026

Failed - Health and Safety Training, Staff Checklist Comments: On 8/19/26, all trainings were expired.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: On 8/19/26, all trainings were expired.	9/4/2026
Failed - Health and Safety Training, Staff Checklist Comments: On 8/19/26, all trainings were expired.	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / Infants Comments: On 8/19/26, the disinfectant spray was not locked up.	9/4/2026
Failed - Sink, warm water, soap, paper towels, Classroom Checklist / Toddlers Comments: On 8/19/26, there was no warm water coming from the sink in the Toddler classroom.	9/4/2026
On 8/19/26, there two (2) people working without a criminal background check an CA/N report. , Ad Hoc Comments: NA	9/4/2026

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 9/18/26, 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

AJOIA MCGHEE

9/4/26

Signature of DHR Licensing Representative

Date

COPIES TO: ___ Center _____