

DEPARTMENT OF HUMAN RESOURCES CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: TODDLER TOWN	Type of Facility : Center ☒ [X] Day ☒ [X] OST ☐ [] Night ☐ [] Family ☐ [] University ☐ [] Group ☐ []	Date of Visit: 9/9/2026
Facility Address: 2305 S. RAILROAD STREET, PHENIX CITY, AL 36867, Russell	Licensee: DIANE'S TODDLER TOWN, INC.	Telephone #: (334) 297-7030
Ages: 4 Weeks to 12 Years	Director (if applicable): DIANE T GOGGANS	Capacity: 88 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Center free of apparent hazards, Inspection Form Comments: There is peeling paint in classroom 8 and 9	9/9/2026
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: On the middle hand railing there is nails sticking up	8/6/2026
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: Some of the facility staff are not enrolled in the Alabama Pathway's Registry	9/9/2026
Failed - Medical, Staff Checklist Comments: has expired	9/9/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: has expired	9/9/2026
Failed - Ongoing Training, Staff Checklist Comments: missing	9/9/2026
Failed - Medical, Staff Checklist Comments: has expired	8/6/2026
Failed - Ongoing Training, Staff Checklist Comments: missing	9/9/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	8/6/2026
Failed - Ongoing Training, Staff Checklist	9/14/2026

Failed - CA/N Clearance Form (Every Five Years), Staff Checklist	9/9/2026
Comments: has expired	
Failed - Ongoing Training, Staff Checklist	9/14/2026
Comments: missing 6 hours	
Failed - Ongoing Training, Staff Checklist	9/14/2026
Comments: missing	
Failed - Preadmission Form, Child Checklist	9/9/2026
Comments: Missing full address	
Failed - Preadmission Form, Child Checklist	9/14/2026
Comments: Missing full address and signature on second page of preadmission	
Failed - Immunization Certificate, Child Checklist	8/6/2026
Comments: missing	
Failed - Preadmission Form, Child Checklist	9/14/2026
Comments: missing full address on second page	
Failed - Preadmission Form, Child Checklist	9/9/2026
Comments: missing full address on first page	
Failed - Preadmission Form, Child Checklist	9/9/2026
Comments: missing doctor full address	
Failed - Preadmission Form, Child Checklist	9/9/2026
Comments: Missing doctor address and phone number	
Failed - Preadmission Form, Child Checklist	9/9/2026
Comments: missing full address on both pages of the preadmission	

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 N/A, 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.

Diane Gogans
Signature of Facility Representative

9/14/2026
Date

SHYNECSA BLEVINS Shyneesa Blevins
Signature of DHR Licensing Representative

9-14-26
Date

COPIES TO: Director