

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: MS. DANITA'S STAR KIDS DAYCARE	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/18/2026
Facility Address: 3100 HWY 80 WEST UNIT B/C, PHENIX CITY, AL 36867, Russell	Licensee: MS. DANITA'S STAR KIDS DAYCARE	Telephone #: (334) 297-2724
Ages: 4 Weeks to 12 Years	Director (if applicable): DANITA FAUST	Capacity: 60 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
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.	Pending Correction
Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form Comments: There were not two people with CPR at the center	Pending Correction
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: There was a broken bike on the playground.	9/8/2026
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: The grass was high on the playground	9/8/2026
Failed - Interstate CA/N if applicable (within 5 years), Staff Checklist Comments: missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing	9/8/2026
Failed - Ongoing Training, Staff Checklist Comments: missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist	9/8/2026

Comments: missing Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: missing Failed - Health and Safety Training, Staff Checklist	9/8/2026
Comments: missing Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: missing Failed - Health and Safety Training, Staff Checklist	9/8/2026
Comments: missing Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: missing Failed - Health and Safety Training, Staff Checklist	9/8/2026
Comments: missing Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: missing Failed - Health and Safety Training, Staff Checklist	9/8/2026
Comments: missing Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: missing Failed - Health and Safety Training, Staff Checklist	9/8/2026
Comments: missing Failed - Interstate CA/N if applicable (within 5 years), Staff Checklist	Pending Correction
Comments: missing Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: missing Failed - Health and Safety Training, Staff Checklist	9/8/2026
Comments: missing Failed - Preadmission Form, Child Checklist	9/8/2026
Comments: missing address Failed - Preadmission Form, Child Checklist	9/8/2026
Comments: missing Failed - Preadmission Form, Child Checklist	9/8/2026
Comments: missing address Failed - Preadmission Form, Child Checklist	9/8/2026
Comments: missing Failed - Preadmission Form, Child Checklist	9/8/2026
Comments: missing full address Failed - Immunization Certificate, Child Checklist	9/8/2026
Comments: has expired	

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

SHYNECSA BLEVINS

***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____