

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: THE MCFORD KIDS ACADEMY	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 9/29/2026
Facility Address: 1720 MULBERRY ST, MONTGOMERY, AL 36107, Montgomery	Licensee: THE MCFORD KIDS ACADEMY, INC	Telephone #: (334) 356-0125
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable): ANGELA JACKSON	Capacity: 43 / 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	
SUPERVISION AT ALL TIMES, Allegation Comments: On August 12, 2026, a 4-year-old child was left in the center's vehicle unattended for an undetermined amount of time.	9/4/2026
Plug covers missing in the preschool room., Ad Hoc Comments: NA	9/4/2026
Cribs not two feet apart while being occupied. , Ad Hoc Comments: NA	9/4/2026
Blanket on infant in crib., Ad Hoc Comments: NA	9/4/2026
Top and bottom sheets missing while children rest in the preschool nap area. , Ad Hoc Comments: NA	9/4/2026
Infants watching videos on phone in infant room., Ad Hoc Comments: NA	9/4/2026

Transportation checklists are incorrectly filled out., Ad Hoc Comments: NA	9/4/2026
Incomplete sign in and out sheets. , Ad Hoc Comments: NA	9/11/2026
Facility failed to notify the department of an incident that occurred on 8/12/26. , Ad Hoc Comments: NA	9/4/2026
One staff member does not have the required information needed in the facility on file. , Ad Hoc Comments: NA	9/4/2026
Thermometer missing in preschool room. , Ad Hoc Comments: NA	9/11/2026
Preschool room wall sheetrock is cracked., Ad Hoc Comments: NA	9/11/2026
Temperature in facility not between 68-82 degrees. , Ad Hoc Comments: NA	9/4/2026
Parents not notified of Probationary Status, Ad Hoc Comments: NA	9/8/2026
Roof leaking in infant room. , Ad Hoc Comments: NA	Pending Correction

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

ARIANN CHARITY

Signature of DHR Licensing Representative

Date

9/29/26

Date

COPIES TO: _____