ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDZ KLUBHOUSE OF SELMA	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 9/9/2026
Facility Address: 1115 Old Orrville Road, Selma, AL 36701, Dallas	Licensee: KIDZ KLUBHOUSE OF SELMA	Telephone #: (334) 526-4246
Ages: 4 Weeks to 14 Years	Director (if applicable): DE'SHANDA HATCHER	Capacity: 64 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

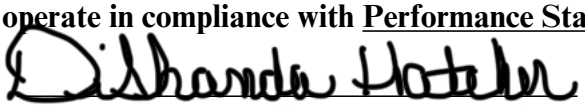
Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Center free of apparent hazards, Inspection Form Comments: There is wall paint peeling in the afterschool room 5yrs-14yrs	7/31/2026
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: weeds and vines protruding both playground fences and equipment.	8/27/2026
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 staff are not enrolled in Pathways	8/27/2026
Failed - Ongoing Training, Staff Checklist Comments: missing	7/24/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	7/24/2026
Failed - Photo ID Verification, Staff Checklist Comments: missing	8/27/2026
Failed - Ongoing Training, Staff Checklist Comments: missing	8/27/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	8/27/2026
Failed - Photo ID Verification, Staff Checklist Comments: missing	8/27/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist	9/23/2026

Comments: expired	
Failed - Ongoing Training, Staff Checklist	9/3/2026
Comments: missing	
Failed - Health and Safety Training, Staff Checklist	9/3/2026
Comments: missing	
Failed - Photo ID Verification, Staff Checklist	8/27/2026
Comments: missing	
Failed - References, Staff Checklist	8/27/2026
Comments: missing	
Failed - Ongoing Training, Staff Checklist	8/27/2026
Comments: missing	
Failed - Health and Safety Training, Staff Checklist	8/27/2026
Comments: missing	
Failed - Ongoing Training, Staff Checklist	9/3/2026
Comments: missing	
Failed - Health and Safety Training, Staff Checklist	9/3/2026
Comments: missing	
Failed - Medication locked, Classroom Checklist / Infant Room	7/15/2026
Comments: Tylenol cherry medicine	
Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / Preschool	7/15/2026
Comments: tv not secured on shelf	
Failed - Barriers around heaters, fans, Classroom Checklist / Afterschool	7/15/2026
Comments: fan no barrier	
The toilet seat is missing in the preschool 2 classroom 3yrs-5yrs., Ad Hoc	7/20/2026
Comments: NA	
There are active ant beds on the toddler playground., Ad Hoc	7/24/2026
Comments: NA	
There is a red basketball goal on the preschool playground with chipped paint., Ad Hoc	7/31/2026
Comments: NA	
There are foam cubes on the toddler playground with exposed foam., Ad Hoc	7/15/2026
Comments: NA	
The grass is too tall on both playgrounds., Ad Hoc	9/11/2026
Comments: NA	

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

<u>Performance Standards</u>. A facility licensed by the Department must always meet <u>Performance Standards</u> applicable to that facility. It is the responsibility of the licensee to operate in compliance with <u>Performance Standards</u>.



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Signature of Facility Representative Date

KAMILA CROWELL

_____ **___10-01-2026_____**

Signature of DHR Licensing Representative Date

COPIES TO: _____director_____