ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDZ FUTURE LEARNING ACADEMY	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 10/7/2026
Facility Address: 5739 OLD PASCAGOULA RD, MOBILE, AL 36619, Mobile	Licensee: LAJILL SOMONE MCNEIL	Telephone #: (251) 209-6953
Ages: 6 Weeks to 12 Years	Director (if applicable): LAJILL MCNEIL	Capacity: 90 / NA Day Night

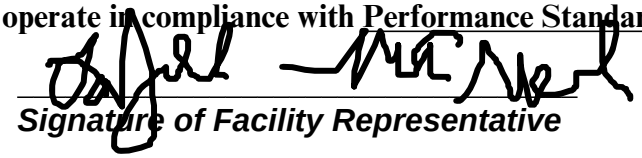
SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - No screen time for children under 2 years of age, Inspection Form Comments: The T.V. was on in the infant room.	10/7/2026
Failed - No infant put to sleep on sofa, soft mattress, Inspection Form Comments: In the infant room there is an infant asleep in a soft sided swing.	10/7/2026
Failed - Ongoing Training, Staff Checklist Comments: A member is missing ongoing training on file in the center.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: A member is missing ongoing training on file in the center.	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: A member is missing health and safety training on file in the center.	Pending Correction
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Failed - Hazardous substances locked, Classroom Checklist / 24 mons- 36 mons Comments: There were hazards not under lock and key or combination lock.	10/7/2026
Failed - Hazardous substances locked, Classroom Checklist / Afterschool Comments: There are hazardous substances not under lock and key or combination lock in the restrooms. (Lysol Spray, Awesome Cleaner, Tru Cleaner)	10/7/2026

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 _____10/21/2026_____, 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

10-7-26

Date

LESLIE WILLIAMS

10/07/2026

Signature of DHR Licensing Representative

Date

COPIES TO: **LaJill McNeill**