ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDDIE GARDEN TOO CHILDCARE & LEARNING	Type of Facility: Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 04/30/2025
Facility Address: 661 WEST MAIN STREET, DOTHAN, AL 36301, Houston	Licensee: POSITIVE SEED PLANTERS LLC	Telephone #: (334) 333-0691
Ages: 0 Years to 13 Years	Director (if applicable): Zann Melton Stewart	Capacity: 37 / 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 a wall plug pulling out of the wall in the upstairs middle room at the top of the stairs.	04/30/2025
Failed - Daily schedule posted that includes 60 minutes of physical activity (toddlers), Inspection Form Comments: Schedule did not reflect 60 -90 min of outside time.	04/30/2025
Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: In the upstairs bathroom there was fabulous, Clorox and disinfectant spray (chemicals) not under lock and key.	04/30/2025
Failed - Posted Daily schedule w/ 60 minutes of active play, Classroom Checklist / Busy Bees Comments: There was only 30 minutes of outside play time reflected on the schedule	04/30/2025
Failed - Written daily schedule posted with 60-90 minutes of active play, Classroom Checklist / Bumble Bees Comments: The schedule did not reflect 60-90 minute of outside time.	04/30/2025

Failed - Written daily schedule posted with 60-90 minutes of active play, 04/30/2025
Classroom Checklist / Honey Bees
Comments: The schedule did not reflect 60-90 minutes of outside play.

One of the upstairs toilet would not flush., Ad Hoc
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 _____, 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.

Zann Stewart **4/30/25**
Signature of Facility Representative Date

Jay Dalton
_____ **4/30/25**
Signature of DHR Licensing Representative Date

COPIES TO: _____