ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A - IDENTIFYING INFORMATION

Facility Name:	Type of Facility:	Date of Visit:
Toddler Town	Family ☐ Day ☐ Group ☐ Night ☐ Center ☑ S.A.P. ☐	8 / 21 / 24 (month / day / year)
Facility Address: 2305 S. Railroad St. Phenix City, AL 36867	**Licensee:** Diane's Toddler Town Inc.	**Telephone #:** (334) 297-7030
Ages: 4wks to 12yrs / X to X (day / night)	**Director** *(if applicable)*: Diane Goggans	**Capacity:** 88 / X (day / night)

SECTION B - DEFICIENCY INFORMATION

Column 1 — Performance Standard Deficiency **HAZARDS MUST BE CORRECTED IMMEDIATELY**	*Column 2* Date Corrected by Licensee
(1) The 18m - 24m classroom was out of Compliance due to a missing CAN.	
(2) Staff files are incomplete see pages 18, 19, and 22 of the evaluation.	
(3) Children files are incomplete see	

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 9-4-24, 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 meet Performance Standards applicable to that facility at all times. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Signature of Facility Representative Stacy Bishop *Date* 8/21/24

Signature of DHR Licensing Representative Shyneara Blevins *Date* 8-21-24

COPIES TO: Director.

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT (Additional Page)

Facility Name: Toddler Town **Date of Visit:** 8-21-24

SECTION B – DEFICIENCY INFORMATION (Continued)

Column 1 **Performance Standard Deficiency** **HAZARDS MUST BE CORRECTED IMMEDIATELY**	*Column 2* **Date Corrected by Licensee**
page. 23 of the evaluation	

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* 9-4-24 *, 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 meet Performance Standards applicable to that facility at all times. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Signature of Facility Representative Stacy Bishop *Date* 8/21/24

Signature of DHR Licensing Representative Shyneka Blevins *Date* 8-21-24

COPIES TO: Director