

**ALABAMA DEPARTMENT OF HUMAN RESOURCES  
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT**

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: LIFE KIDS LEARNING CENTER	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 06/18/2025
Facility Address: 1604 GOLDEN SPRINGS ROAD, ANNISTON, AL 36207, Calhoun	Licensee: (LIFE WORSHIP CTR.) WORD OF LIFE TABERN.	Telephone #: (256) 231-0470
Ages: 6 Weeks to 12 Years	Director (if applicable): KIM KNOTT	Capacity: 92      /      NA Day      Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
<b>Deficiency Summary</b>	
Failed - Child care workers/teachers/subs meet qualification and have 12 hours of training within 30 days of employment, Inspection Form Comments: some staff missing training	06/18/2025
Failed - Character and suitability review conducted on required person (every 5 years), Inspection Form Comments: 1 staff's CA/N was indicated.	06/18/2025
Failed - Medical, Staff Checklist Comments: expired	06/18/2025
Failed - Medical, Staff Checklist Comments: expired	06/18/2025
Failed - Ongoing Training, Staff Checklist Comments: missing 12 hours	
Failed - Medical, Staff Checklist Comments: missing	

Failed - TB Test Date and Results, Staff Checklist Comments: missing	
Failed - Ongoing Training, Staff Checklist Comments: 12 hours missing	
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: CA/N was indicated.	06/18/2025
There were exposed electrical outlets in the younger 3-year-old and school age rooms., Ad Hoc Comments: NA	06/18/2025

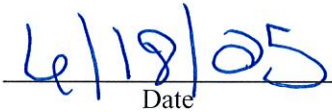
**INSTRUCTIONS TO LICENSEE:** Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must put the date of correction and his/her initials in Column 2. This form must be returned to the Department of Human Resources on or before 07/02/25, 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*

Jaime Bowman

\_\_\_\_\_  
*Signature of DHR Licensing Representative*

  
\_\_\_\_\_  
Date

06/18/25

\_\_\_\_\_  
Date

COPIES TO: Jennifer Vice