ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KID'S CENTRAL SAP	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [Group [ ]	Date of Visit: 7/22/2025
Facility Address: 410-11TH STREET, SE, DECATUR, AL 35601, Morgan	Licensee: KID'S CENTRAL INC.	Telephone #: (256) 353-5465
Ages: 5 Years to 13 Years	Director (if applicable):	Capacity: 99 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
[InspectionSummaryDescription]	
Failed - Vehicle safety check done annually, signed by certified mechanic, dated, and filed in center, Inspection Form Comments: vehicle safety inspection is expired for three vans	Pending Correction
Failed - Most recent fire inspection report within 5 years, Inspection Form Comments: fire inspection has violations	Pending Correction
three vehicle inspection forms not violations, Ad Hoc Comments: NA	Pending Correction
current fire inspection has citations, Ad Hoc Comments: NA	Pending Correction

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 8/5/25, 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.

Cheryl Humphries
Signature of Facility Representative

7.24.25
Date

Lea Rae Gaines

Signature of DHR Licensing Representative

7/22/25
Date

COPIES TO: _____