

**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"/> Night <input type="checkbox"/> OST <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 8/26/2025
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

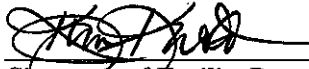
**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
<b>Deficiency Summary</b>	
Failed - Hazardous substances locked, Classroom Checklist / Four Year Olds Comments: white- out and expo marker spray	8/26/2025
Failed - Medication locked, Classroom Checklist / Four Year Olds Comments: Carmex	8/26/2025
Failed - Medication locked, Classroom Checklist / Older Threes Comments: Hand Sanitizer	8/26/2025

**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 \_\_\_\_\_ NA \_\_\_\_\_, 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*

*08-26-25*

\_\_\_\_\_  
Date

*08/26/25*

\_\_\_\_\_  
Date

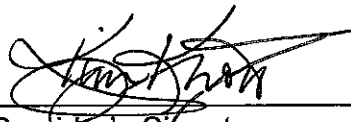
COPIES TO: Kim Knott

14	*Doll clothes and blankets	Observed	
15	*Dress-up clothes	Observed	
16	*Toy telephones - 2	Observed	
17	*Building blocks – approximately 50 non-interlocking	Observed	
18	*Cars, trucks, boats, etc. - 3	Observed	
19	*Age appropriate puzzles – 4 complete with all pieces	Observed	
20	*Interlocking manipulative play sets of different types – 3 sets	Observed	
21	Diapering area	Observed	
22	Sink, warm water, soap, paper towels	Observed	
23	Plastic-lined, covered container	Observed	
24	Table space and chair for each child	Observed	
25	Cots/sheets and covers	Observed	
26	Indoor thermometer (child safe)	Observed	
27	Posted Daily schedule w/ 60-90 minutes of active play	Observed	
28	Labeled storage space at child level	Observed	
29	Shelving for equipment and supplies/anchored	Observed	
30	Designated activity areas	Observed	
31	Electrical outlets covered	Observed	
32	Barriers around heaters, fans	Not applicable	
33	Hazardous substances locked	Observed	
34	Containers labeled	Observed	
35	Medication locked	Not applicable	
36	Screens on windows which are opened	Not applicable	

37	Lighting adequate	Observed	
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**4. Ad Hoc Deficiency**

S.No.	Deficiency
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 8-26-25  
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Provider's Signature