ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KING'S MEMORIAL U.M.C. PREK #1	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [Group [ ]	Date of Visit: 8/29/2025
Facility Address: 702 MCCARTNEY ST NW, DECATUR, AL 35601, Morgan	Licensee: KING'S MEMORIAL UNITED METHODIST CHURCH	Telephone #: (256) 353-9267
Ages: 4 Years to 5 Years	Director (if applicable): TAYLOR BYRD JR PhD	Capacity: 18 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
Failed - Center director meets qualifications, Inspection Form Comments: need 24 In Service hours	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: needs 24 hours In Service	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: need Alabama Certificate of Immunization	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: need Alabama Certificate of Immunization	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 9/12/25, 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 — Date

Lea Rae Gaines — **8/29/25**

Signature of DHR Licensing Representative — Date

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