

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

**SECTION A - IDENTIFYING INFORMATION**

Facility Name: KIDS DYNASTY CARE 2	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: 9/24/2025
Facility Address: 155 COLISEUM BLVD, MONTGOMERY, AL 36109, Montgomery	Licensee: AUNDRA SMITH KIDS DYNASTY CARE	Telephone #: (334) 315-2448
Ages: 2 Years to 12 Years	Director (if applicable): BRYANT SMITH	Capacity: 27 / NA Day / Night

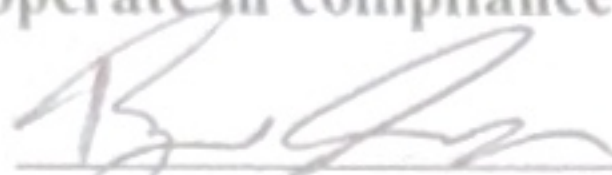
**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	Date Corrected by Licensee
<b>Deficiency Summary</b>	
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: None of the facility staff are enrolled in Alabama Pathways Registry.	Pending Correction
Failed - References, Staff Checklist Comments: Missing documentation(1)	9/24/2025
Failed - Immunization Certificate, Child Checklist Comments: Missing documentation	9/24/2025
Failed - Preadmission Form, Child Checklist Comments: Missing documentation	9/24/2025
Failed - Preadmission Form, Child Checklist Comments: Missing documentation	9/24/2025

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

9:30 - 25  
\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

COPIES TO: \_\_\_\_\_