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.

_____	9|30|2025 _____
Signature of Facility Representative	Date
Amy Horn	
_____	_____
Signature of DHR Licensing Representative	Date

COPIES TO: _____

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 [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	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

Performance Standard Deficiency *HAZARDS MUST BE CORRECTED IMMEDIATELY**	Date Corrected by Licensee
Deficiency Summary	
All deficiencies corrected as of 09/30/2025.	
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.	9/30/2025
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