

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: K'S BEAUTIFUL BEGINNINGS LEARNING CENTER	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 11/12/2025
Facility Address: 1001 WILKES ROAD, MIDFIELD, AL, 35228, Jefferson	Licensee: KYRI ELMORE	Telephone #: (205) 436-8571
Ages: 6 Years/	Director (if applicable): KYRI ELMORE	Capacity: 75 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Three staff member's files were not added to Arise at the time of the visit. Files were checked on during this visit. Provider will add them to Arise.	
Failed - 18 up to 2½ years 1 to 7, Inspection Form Comments: Classroom is out ratio due staff not having a CA/N and Suitability	Pending Correction
Failed - 0 up to 18 months 1 to 5, Inspection Form Comments: Due to staff not having initial H&S Trainings	Pending Correction
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's staff members are enrolled in Alabama Pathway's registry	Pending Correction
Failed - Medical exam and TB test on file at time of employment, Inspection Form Comments: One staff missing a Medical and TB	Pending Correction
Staff files are incomplete., Ad Hoc Comments: NA	Pending Correction

There is one staff working without a CA/N and Suitability letter in the
file., Ad Hoc
Comments: NA

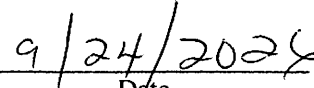
Pending Correction

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 _____, 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

SHUNDRÉ NEVELS

Signature of DHR Licensing Representative

Date

COPIES TO: _____