ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [ ]	Date of Visit:
KINGDOM STEPS ACADEMY	Day [X] OST [ ] Night [ ] Family [X] University [ ] Group [ ]	11/14/2025
Facility Address:	Licensee:	Telephone #:
334 CANTABURY LANE, MILLBROOK, AL, 36054, Elmore	LENORA COCHRAN	(334) 517-6295
Ages:	Director (if applicable):	Capacity:
6 Weeks to 6 Years	N/A	6 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Ongoing Training, Staff Checklist Comments: Staff does not have 4 of the required 6 hours of training.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Staff does not have 4 of the required 6 hours of ongoing training.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: The immunization form has expired.	11/14/2025

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 11/19/2025, 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.

Lenora Cochran — 11/19/2025

Signature of Facility Representative — Date

ROBIN BUSSIE

_____ _____**11/14/2025**_____

Signature of DHR Licensing Representative

Date

COPIES TO: ____Licensee_____