

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: KINGDOM STEPS ACADEMY	Type of Facility : Center ☐ Day ☒ OST ☐ Night ☐ Family ☒ University ☐ Group ☐	Date of Visit: 11/14/2025
Facility Address: 334 CANTABURY LANE, MILLBROOK, AL, 36054, Elmore	Licensee: LENORA COCHRAN	Telephone #: (334) 517-6295
Ages: 6 Weeks to 6 Years	Director (if applicable): N/A	Capacity: 6 / 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 All Deficiencies corrected effective 11/19/2025.	
Failed - Ongoing Training, Staff Checklist Comments: Staff does not have 4 of the required 6 hours of training.	11/19/2025
Failed - Ongoing Training, Staff Checklist Comments: Staff does not have 4 of the required 6 hours of ongoing training.	11/19/2025
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 N/A, 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.

Leona Cool
Signature of Facility Representative

11/19/2025
Date

ROBIN BUSSIE

Signature of DHR Licensing Representative

11/19/2025

Date

COPIES TO: Licensee