

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: SHARON'S KIDZ WORLD	Type of Facility : Center [] Day [X] OST [] Night [X] Family [] University [] Group [X]	Date of Visit: 12/2/2025
Facility Address: 256 OAK DRIVE, MOBILE, AL 36617, Mobile	Licensee: SHARON PATE	Telephone #: (251) 583-0973
Ages: 0 Weeks to 13 Years/0 Weeks to 13 Years	Director (if applicable):	Capacity: 10 / 11 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary Failed - All poison kept in locked area, Inspection Form Comments: There are 2 five-gallon buckets of substance and one broken glass object on the playground gate exit door.	Pending Correction
Failed - Medical, Staff Checklist Comments: Household member's file has an expired Medical Form.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Child's Preadmission Form is missing one (1) parent's signature.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Child's preadmission record is missing 4 parent's signatures.	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

DEBORAH LANG-DIXON

Signature of DHR Licensing Representative

Date

Date

COPIES TO: _____