

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS
DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KAMISHA ANDERSON
Type of Facility : Center Date of Visit: 2/3/2026
Day OST
Night
Family
University
Group

Facility Address: 814 LAWRENCE AVE,
ALBERTVILLE, AL 35951, Marshall
Licensee: KAMISHA ANDERSON
Telephone #: (256) 738-3786
Ages: 0 Days to 12 Years
Director (if applicable):
Capacity: 12 /NA
Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency **Date Corrected by**
HAZARDS MUST BE CORRECTED IMMEDIATELY* **Licensee**

Deficiency Summary

Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form
Comments: There are staff that are not enrolled in Alabama Pathways.

Pending Correction

Failed - Medical, Staff Checklist Pending Correction
Comments: The provider's medical is expired.

Failed - Medical, Staff Checklist Pending Correction
Comments: The medical of a substitute has expired.

Failed - Ongoing Training, Staff Checklist Pending Correction
Comments: The substitute is missing 6 hours of ongoing training.

Failed - Medical, Staff Checklist Pending Correction
Comments: The assistant care giver's medical has expired.

Failed - Ongoing Training, Staff Checklist Pending Correction
Comments: The assistant care giver's ongoing training is missing 10 hours.

There is a household member that is missing references., Ad Hoc Pending Correction
Comments: NA

There is a household member missing a CA/N., Ad Hoc Pending Correction
Comments: NA

There is a household member missing a suitability letter., Ad Hoc Pending Correction
Comments: NA

There is a household member missing photo identification., Ad Hoc Pending Correction
Comments: NA

There is a household member missing a current medical., Ad Hoc Pending Correction
Comments: NA

There is a household member missing a current TB test or chest x-ray., Ad Hoc Pending Correction
Comments: NA

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 02/17/2026, 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.

Kamusha Anderson 2-3-26

Signature of Facility Representative

Date

FITZGERALD MCQUEEN

_____ 02/03/2026 _____

Signature of DHR Licensing Representative

Date

COPIES TO: Provider _____

3	There is a household member missing a suitability letter
4	There is a household member missing photo identification
5	There is a household member missing a current medical record
6	There is a household member missing a current TB test

Kenneth Anderson

Provider's Signature