ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: COUNTRY KIDS CHILD DEVELOPMENT CENTER	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 2/10/2026
Facility Address: 1176 COUNTY ROAD 9 SOUTH, SLOCOMB, AL, 36375, Geneva	Licensee: CHARLOTTE EUBANKS	Telephone #: (334) 500-2797
Ages: 2 Years to 16 Years	Director (if applicable): CHARLOTTE LYNN EUBANKS	Capacity: 22 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Exclusive use of activity areas, Inspection Form Comments: Room used for storage items.	Pending Correction
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: broken swing	Pending Correction
Failed - *Digging or sand area, Inspection Form Comments: There is no digging area.	Pending Correction
Failed - *Toys for digging, Inspection Form Comments: There are no digging toys.	Pending Correction
Failed - Child care workers/teachers/subs meet requirements for Health & Safety training, Inspection Form Comments: health and safety not met	Pending Correction
Failed - Verification of Education, Staff Checklist Comments: no education	Pending Correction

Failed - Ongoing Training, Staff Checklist Comments: no verification	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: no verification	Pending Correction
Failed - Medical, Staff Checklist Comments: not in file	Pending Correction
Failed - Written Verification of Standards Read, Staff Checklist Comments: not in file	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: not in file	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: not in file	Pending Correction
Failed - Medical, Staff Checklist Comments: not in file	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: expired	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: not in file	Pending Correction
Failed - Verification of Education, Staff Checklist Comments: not in file	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: expired	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: not in file	Pending Correction

Failed - Health and Safety Training, Staff Checklist Comments: not in file	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: not in file	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: not in file	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: no immunization	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: no immunization	Pending Correction
Failed - *Puppets-2, Classroom Checklist / 2 1\2 - 3 Comments: no puppets	Pending Correction
Failed - *Puppets-2, Classroom Checklist / 2 1\2 - 3 A Comments: no puppets	Pending Correction
Failed - Indoor thermometer (child safe), Classroom Checklist / 2 1\2 - 3 A Comments: There is no thermometer	Pending Correction
Failed - *Puppets-2, Classroom Checklist / 3 -4 Comments: no puppets	Pending Correction
Failed - *Puppets-2, Classroom Checklist / 4 Comments: no puppets	Pending Correction
Failed - Indoor thermometer (child safe), Classroom Checklist / schoolage Comments: no thermometer	Pending Correction
Failed - Written schedule posted with 60-90 minutes of active play, Classroom Checklist / schoolage Comments: no schedule posted	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 _2/24/26_____, 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

JAY DALTON

_____ **2/10/26**

Signature of DHR Licensing Representative Date

COPIES TO: Charlotte Eubanks

90 days – May 11, 2026