

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: KIDS DECLARING CHRIST DAYCARE /PRESCHOOL	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]        Family [ ] University [ ] Group [ ]	Date of Visit: 5/5/2026
Facility Address: 269 FOSTER ST, BRANTLEY, AL 36009, Crenshaw	Licensee: WORD OF FAITH CHURCH, INC	Telephone #: (334) 634-0123
Ages: 6 Weeks to 12 Years	Director (if applicable): TIA HORN COMPTON	Capacity: 162        /        NA Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency</b> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by</b> <b>Licensee</b>
<b>Deficiency Summary</b>	
Failed - Exposed electrical outlets have protective covers, Inspection Form Comments: Outlet not covered in afterschool room	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Expired suitability	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Expired suitability	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired suitability	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Suitability is expired	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Suitability is expired	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Parent signatures for activities are missing on the back page.	Pending Correction
In the K2 Toddler room, paint is chipping on wall (left and right side) in the pathway of the children., Ad Hoc Comments: NA	Pending Correction
In the K4 Preschool room, tape on the flooring covering a tear is peeling., Ad Hoc Comments: NA	Pending Correction

In the vacant Preschool classroom, the floor is lifting near the exit door. , Ad Hoc Comments: NA	Pending Correction
In the K2 room, painting is chipping on the changing table. , Ad Hoc Comments: NA	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**

KAREN JACKSON-MOULTON

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of DHR Licensing Representative**

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_