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: 5/5/2026
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: The room are used for storage items.	3/24/2026
Failed - Center free of apparent hazards, Inspection Form Comments: No center items stored in the middle of classrooms.	3/24/2026
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Broken swing	3/24/2026
Failed - *Digging or sand area, Inspection Form Comments: There is no digging area	3/24/2026
Failed - *Toys for digging, Inspection Form Comments: There are no sand toys	3/24/2026
Failed - Child care workers/teachers/subs meet requirements for Health & Safety training, Inspection Form Comments: Health and safety hour are not meet.	3/24/2026

Failed - Verification of Education, Staff Checklist Comments: Not in file	3/24/2026
Failed - Ongoing Training, Staff Checklist Comments: No new verification in file	3/24/2026
Failed - Health and Safety Training, Staff Checklist Comments: No new verification in file.	3/24/2026
Failed - Medical, Staff Checklist Comments: Not in file	3/24/2026
Failed - Written Verification of Standards Read, Staff Checklist Comments: Not in fie	3/24/2026
Failed - Ongoing Training, Staff Checklist Comments: There is no new verification of training.	3/24/2026
Failed - Health and Safety Training, Staff Checklist Comments: There is no new verification of trining.	3/24/2026
Failed - Medical, Staff Checklist Comments: expired	5/5/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Not in file	5/5/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired	5/5/2026
Failed - Ongoing Training, Staff Checklist Comments: No new verification of training.	3/24/2026
Failed - Verification of Education, Staff Checklist Comments: Verification not in file	5/5/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: expired	5/5/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Expired	5/5/2026

Failed - Ongoing Training, Staff Checklist Comments: No new verification of training.	3/24/2026
Failed - Health and Safety Training, Staff Checklist Comments: No new verification of training.	3/24/2026
Failed - Ongoing Training, Staff Checklist Comments: No new verification of training.	3/24/2026
Failed - Health and Safety Training, Staff Checklist Comments: No new verification of training.	3/24/2026
Failed - Immunization Certificate, Child Checklist Comments: Does not hav on.	3/24/2026
Failed - Immunization Certificate, Child Checklist Comments: Not in file	3/24/2026
Failed - *Puppets-2, Classroom Checklist / 2 1\2 - 3 Comments: Could not find	3/24/2026
Failed - *Puppets-2, Classroom Checklist / 2 1\2 - 3 A Comments: could not find	4/29/2026
Failed - Indoor thermometer (child safe), Classroom Checklist / 2 1\2 - 3 A Comments: was missing	3/24/2026
Failed - *Puppets-2, Classroom Checklist / 3 -4 Comments: could not find	3/24/2026
Failed - *Puppets-2, Classroom Checklist / 4 Comments: Could not find	4/29/2026
Failed - Indoor thermometer (child safe), Classroom Checklist / schoolage Comments: did not have a thermometer.	3/24/2026
Failed - Written schedule posted with 60-90 minutes of active play, Classroom Checklist / schoolage Comments: Did not have posted schedule.	4/29/2026

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 completed, 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.

Charlotte Eubanks _____ 5/5/2026 _____

Signature of Facility Representative Date

JAY DALTON

_____ **5/5/26**

Signature of DHR Licensing Representative Date

COPIES TO: Charlotte Eubanks