

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: KINGS AND QUEENS CHILD CARE	Type of Facility : Center [] Day [X] OST [] Night [X] Family [] University [] Group [X]	Date of Visit: 5/7/2026
Facility Address: 500 High Forest Drive, Fayette, AL 35555, Fayette	Licensee: FLOYD RODGERS	Telephone #: (205) 442-4661
Ages: 7 Days to 18 Years/7 Days to 18 Years	Director (if applicable): N/A	Capacity: 12 / 12 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Dangerous substances locked, Inspection Form Comments: on 4/22/2026 there was shampoo, conditioner, and Lysol in the bathroom	4/22/2026
Failed - Radiators heaters and fans inaccessible to children, Inspection Form Comments: On 4/22/2026, there is a fan in the napping room accessible to children.	4/22/2026
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: On 4/22/2026, there are no staff enroll in Alabama Pathways	Pending Correction
Failed - Diapering area washable cleaned and disinfected after each use, Inspection Form Comments: On 4/22/2026, the changing pad has a rip/whole.	5/7/2026
Failed - Preadmission Form, Child Checklist Comments: On 04/22/2026 preadmission record is on the in-correct form	5/7/2026

Failed - Immunization Certificate, Child Checklist Comments: On 04/22/2026 there is no Immunization Certificate on file.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: On 04/22/2026 preadmission record is on the in-correct form.	5/7/2026
Failed - Immunization Certificate, Child Checklist Comments: On 04/22/2026 there is no Immunization Certificate on file.	Pending Correction
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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 05/21/2026, 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.

Floyd Rodgers Jr
Signature of Facility Representative

5-7-26
Date

Rolanda Nelson
Signature of DHR Licensing Representative

05/07/2026
Date

COPIES TO: Floyd Rodgers