ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDS TURF INC	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 7/14/2026
Facility Address: 145 GOOD HOPE SCHOOL ROAD, CULLMAN, AL 35057, Cullman	Licensee: KIDS TURF INC.	Telephone #: (256) 734-5142
Ages: 6 Weeks to 12 Years	Director (if applicable): BETHANY JOHNSON	Capacity: 80 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: On July 14, 2026, Alabama Pathways was not up to date.	7/24/2026
Failed - Hazardous substances locked, Classroom Checklist / 4-5yr Comments: On July 14, 2026, there were Clorox wipes and Lysol Spray not under lock and key.	7/14/2026

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 _____NA_____, 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.

Bethany Johnson _____ 07/22/2026 _____

Signature of Facility Representative Date

JAIME BOWMAN **0714/2026**

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: __Bethany Johnson_____