ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
KID'S CAMPUS	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	7/13/2026
Facility Address:	Licensee:	Telephone #:
27550 STATE HWY 75, SUITE 106 ONEONTA, AL 35121, Blount	KID'S CAMPUS INCORPORATED	(205) 762-0857
Ages:	Director (if applicable):	Capacity:
2 Weeks to 12 Years	CHRISTINA FLETCHER	125 / 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 13, 2026, Alabama Pathways was not up to date.	8/17/2026 7/24/26 CT
Failed - Medical, Staff Checklist Comments: expired	8/17/2026 7/21/2026 CT
Failed - Medical, Staff Checklist Comments: expired	8/17/2026 7/22/2026 CT
Failed - Ongoing Training, Staff Checklist Comments: missing	8/17/2026 7/24/2026 CT
Failed - Health and Safety Training, Staff Checklist Comments: missing	8/17/2026 7/24/2026 CT
Failed - Preadmission Form, Child Checklist Comments: On July 13, 2026, there was missing information on the pre-admission form.	7/14/2026 7/14/2026 CT
Failed - Preadmission Form, Child Checklist Comments: On July 13, 2026, there was missing information on the pre-admission form.	7/14/2026 7/14/2026 CT
Failed - Preadmission Form, Child Checklist Comments: On July 13, 2026, there was missing information on the pre-admission form.	8/17/2026 7/15/2026 CT
Failed - Immunization Certificate, Child Checklist Comments: On July 13, 2026, the immunization was expired.	7/17/2026 7/14/2026 CT

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.

Christina Fletcher — 7-13-2026

Signature of Facility Representative — Date

JAIME BOWMAN — **07/13/26**

Signature of DHR Licensing Representative — Date

COPIES TO: ___Christina Fletcher_____