ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDS DYNASTY CARE	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 7/31/2026
Facility Address: 3447 MCGEHEE ROAD, SUITE I MONTGOMERY, AL 36111, Montgomery	Licensee: HOPE CHRISTIAN OUTREACH MINISTRY	Telephone #: (334) 356-4180
Ages: 6 Weeks to 12 Years	Director (if applicable): BRYANT SMITH	Capacity: 70 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: Weeds growing on fence line.	Pending Correction
Failed - Transportation checklists used as required, Inspection Form Comments: Missing	Pending Correction
Failed - Vehicle safety check done annually, signed by certified mechanic, dated, and filed in center, Inspection Form Comments: Missing	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: Missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing	Pending Correction

Failed - Ongoing Training, Staff Checklist Comments: Missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing 12 hours	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing 11 hours	Pending Correction
Failed - Medical, Staff Checklist Comments: Expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Missing information.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Missing information	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / Yellow Room Comments: Air freshener not under lock and key or combination lock	7/31/2026
Failed - Electrical outlets covered, Classroom Checklist / PreK Comments: Missing	7/31/2026
Failed - Electrical outlets covered, Classroom Checklist / Purple Room Comments: Missing covers	7/31/2026
Failed - Hazardous substances locked, Classroom Checklist / Purple Room Comments: Air freshener and teachers' personal bag on floor.	7/31/2026
Failed - Electrical outlets covered, Classroom Checklist / Yellow Room Comments: Missing covers	7/31/2026
Failed - Electrical outlets covered, Classroom Checklist / Red Room Comments: Missing covers	7/31/2026

Failed - Hazardous substances locked, Classroom Checklist / Red Room Comments: Air freshener not under lock and key or combination lock.	7/31/2026
Failed - Medication locked, Classroom Checklist / Red Room Comments: Insect repellant not under lock and key or combination lock.	7/31/2026
Failed - Electrical outlets covered, Classroom Checklist / School Age Comments: Missing covers	7/31/2026
Failed - Feeding chairs, Classroom Checklist / Blue Room Comments: Missing	Pending Correction
There are two staff persons missing their medical form. , Ad Hoc Comments: NA	Pending Correction
There is a staff person missing their health and safety training. , 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 8/14/26**, 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 Date

ARIANN CHARITY **7/31/26**

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____