

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDTOWNE MADISON	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 8/12/2026
Facility Address: 97 HUGHES RD, MADISON, AL 35758, Madison	Licensee: KID TOWNE, INC.	Telephone #: (256) 617-0765
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable): ERICA SHARP	Capacity: 62 62 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Observed 10 children in the 24-36 month room with one staff., Ad Hoc Comments: NA	Pending Correction
Observed an 8-month-old sleeping on her stomach., Ad Hoc Comments: NA	Pending Correction
Observed an infant sleeping on a crib sheet that doesn't fit tightly to the mattress., 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 8/26/26, 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.

Erica Sharp
Signature of Facility Representative

8/12/26
Date

LEA RAE GAINES

8/12/26

**Signature of DHR Licensing
Representative**

Date

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