

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: KID'S CENTRAL INC. CHILD CARE & LEARNING	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/28/2026
Facility Address: 410 11TH STREET, SE, DECATUR, AL 35601, Morgan	Licensee: KID'S CENTRAL INC.	Telephone #: (256) 353-5465
Ages: 3 Weeks to 12 Years	Director (if applicable): CHERYL HUMPHRIES	Capacity: 99 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
[InspectionSummaryDescription]	
Failed - Health and Safety Training, Staff Checklist Comments: observed 10 of 11 hours	8/28/2026
Failed - References, Staff Checklist Comments: one reference is from a relative	8/28/2026
Failed - References, Staff Checklist Comments: Observed a reference from someone related	8/28/2026
Failed - References, Staff Checklist Comments: A reference is from a relative	8/28/2026

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 _____, 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

LEA RAE GAINES

**Signature of DHR Licensing
Representative**

8/28/26

Date

COPIES TO: _____