

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KINGDOM KIDS CHILDCARE	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/2/2026
Facility Address: 1300 W. MONTGOMERY AVE, SHEFFIELD, AL 35660, Colbert	Licensee: ASHLEY HARRIS	Telephone #: (256) 314-2009
Ages: 6 Weeks to 12 Years	Director (if applicable): ASH LEY HAR RIS	Capacity: 36 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Verification of Education, Staff Checklist Comments: need transcript	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: expired	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: expired	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: expired	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - TB Test Date and Results, Staff Checklist Comments: expired	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: expired	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: expired	Pending Correction
Failed - TB Test Date and Results, Staff Checklist Comments: no tb skin test and results observed	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: need #5-8	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

9/19/26, 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

LEA RAE GAINES

Signature of DHR Licensing Representative

9/2/26

Date

COPIES TO: _____