

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDS EXPRESS CHILD CARE	Type of Facility : Center [] Day [X] OST [] Night [X] Family [] University [] Group [X]	Date of Visit: 8/20/2026
Facility Address: 4189 COUNTY ROAD 3319, TROY, AL 36079, Pike	Licensee: SHANDALYN WHITE	Telephone #: (334) 672-0226
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable):	Capacity: 12 / 4 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*		Date Corrected by Licensee
Deficiency Summary		
<u>ALL DEFICIENCIES CORRECTED THROUGH ARISE ON 09/30/2026!</u>		
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: EXPIRED		9/30/2026
Failed - Preadmission Form, Child Checklist Comments: MISSING DOCUMENTATION		9/3/2026
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9/3/2026

Failed - Preadmission Form, Child Checklist
Comments: MISSING DOCUMENTATION

9/3/2026

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 N/A, 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

09/30/2026

Date

AMY HORN

Signature of DHR Licensing Representative

09/30/2026

Date

COPIES TO: LICENSEE

Failed - Preadmission Form, Child Checklist
Comments: MISSING DOCUMENTATION

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Shandaleen White
Signature of Facility Representative

09/30/2026
Date

AMY HORN

Signature of DHR Licensing Representative

09/30/2026
Date

COPIES TO: LICENSEE

Rec'd by email
9/30/2026
AH