ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
KIDTOWNE MADISON	Day [X] OST [ ] Night [X] Family [ ] University [ ] Group [ ]	10/2/2026
Facility Address:	Licensee:	Telephone #:
97 HUGHES RD, MADISON, AL 35758, Madison	KID TOWNE, INC.	(256) 617-0765
Ages:	Director (if applicable):	Capacity:
6 Weeks to 12 Years/6 Weeks to 12 Years	ERICA SHARP	62 / 62 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
[InspectionSummaryDescription]	
Failed - Thermometer in each area used by children, Inspection Form	9/23/2026
Comments: There is no thermometer in classrooms.	
Failed - Medications and drugs kept under lock and key or combination lock, separate from harmful items, Inspection Form	9/9/2026
Comments: Medication not locked	
Failed - Medication administered only with written authorization from parent and child's health professional, Inspection Form	9/9/2026
Comments: Medication Authorization form not complete	
Failed - Center director meets qualifications, Inspection Form	Pending Correction
Comments: In Service hours incomplete	
Failed - Medical exam and TB test on file at time of employment, Inspection Form	9/23/2026
Comments: two staff medicals expired	
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist	Pending Correction
Comments: expired	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: observed 6 of 24 hours	
Failed - Medical, Staff Checklist	9/23/2026
Comments: expired	
Failed - Medical, Staff Checklist	Pending Correction
Comments: expired	
Failed - Suitability Determination (Every 5 years), Staff Checklist	Pending Correction

Comments: not in file	
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist	Pending Correction
Comments: There is no current CA/N on file	
Failed - Suitability Determination (Every 5 years), Staff Checklist	Pending Correction
Comments: There is no current Suitability on file.	
Failed - Indoor thermometer (child safe), Classroom Checklist / Infant	9/23/2026
Comments: none observed in classroom	
Failed - Indoor thermometer (child safe), Classroom Checklist / Toddler	9/23/2026
Comments: There is no thermometer in the room.	
Failed - Indoor thermometer (child safe), Classroom Checklist / Pre-Toddler	9/23/2026
Comments: There is no thermometer in the room.	
Failed - Indoor thermometer (child safe), Classroom Checklist / Preschool 2.5	9/23/2026
Comments: There is no thermometer in the room.	
Failed - Indoor thermometer (child safe), Classroom Checklist / Pre-K	9/23/2026
Comments: There is no thermometer in the room.	
Failed - Indoor thermometer (child safe), Classroom Checklist / Pre-K	9/23/2026
Comments: There is no thermometer in the room.	

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 ____10/16/26_____, 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

_____ _____**10/2/26**_____

Signature of DHR Licensing Representative Date

COPIES TO: _____