

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: WALKER CHRISTIAN ACADEMY LLC	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/8/2025
Facility Address: 170 HULL ROAD, SUMITON, AL, 35148, Walker	Licensee: CHLOE TINDLE	Telephone #: (205) 907-3241
Ages: 6 Weeks to 12 Years	Director (if applicable): CHLOE TINDLE	Capacity: 42 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: Cleaning supplies not under lock and key/ combination lock in the new infant room	8/8/2025
Failed - Medications and drugs kept under lock and key or combination lock, separate from harmful items, Inspection Form Comments: Mosquito spray not under lock and key/ combination lock (for teachers)	8/8/2025
Failed - Ongoing Training, Staff Checklist Comments: Expired	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Expired	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Expired	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Expired	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Expired	Pending Correction
Failed - Ongoing Training, Staff Checklist	Pending Correction

Comments: Expired	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: Expired	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: Expired	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: Expired	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: Expired	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: Expired	
Failed - Immunization Certificate, Child Checklist	Pending Correction
Comments: Expired	
Failed - Immunization Certificate, Child Checklist	Pending Correction
Comments: Expired	
Failed - Immunization Certificate, Child Checklist	Pending Correction
Comments: Expired	
Failed - Immunization Certificate, Child Checklist	Pending Correction
Comments: Missing from the file	
Failed - Immunization Certificate, Child Checklist	Pending Correction
Comments: Expired	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: Needs updated form	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: Needs updated form	
Failed - Immunization Certificate, Child Checklist	Pending Correction
Comments: Missing	
Failed - Immunization Certificate, Child Checklist	Pending Correction
Comments: Missing	
Failed - Immunization Certificate, Child Checklist	Pending Correction
Comments: Missing	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: Needs the updated form	
Failed - Immunization Certificate, Child Checklist	Pending Correction
Comments: Expired	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: Needs updated form	
Center did not notify the Department of the changes made to the Preschool Classroom (3-5 yrs) and the new Infant Classroom (6wks-12mos)., Ad Hoc	Pending Correction
Comments: NA	
The New Infant Classroom (6wks-12mos) does not have a sink present in the classroom., Ad Hoc	Pending Correction
Comments: NA	
The children's files are incomplete., Ad Hoc	Pending Correction
Comments: NA	

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.

 Peyton Fikes FB806F0A4F9C44D...	8/8/2025
Signature of Facility Representative	Date
Shundr Nevels	8/8/2025
Signature of DHR Licensing Representative	Date

COPIES TO: _____