ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: MADISON PREMIER PRESCHOOL	Type of Facility : Center [X] Day [X] OST [ ] Night [X] Family [ ] University [Group [ ]	Date of Visit: 8/28/2025
Facility Address: 1827 SLAUGHTER ROAD, MADISON, AL 35758, Madison	Licensee: ALLEN EDUCATIONAL OPPORTUNITIES, INC.	Telephone #: (256) 864-8450
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable): Bonnie O Flores	Capacity: 146 / 0 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Child care workers/teachers/subs meet requirements for Health & Safety training, Inspection Form Comments: some staff need current H&S	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: observed 10 of 12 In service	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: 4 of 12 hours in service observed	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: o observed	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: o observed	
Failed - Lifeguard Training, Staff Checklist	Pending Correction
Comments: o observed	
Failed - Suitability Determination (Every 5 years), Staff Checklist	Pending Correction
Comments: need in file	

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 9/18/25, 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.

Bonnie O. Flores — 8/28/25

Signature of Facility Representative — Date

Lea Rae Gaines — **8/28/25**

Signature of DHR Licensing Representative — Date

COPIES TO: _____