

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: RESURRECTION PRESCHOOL	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/5/2025
Facility Address: 2815 FORBES DRIVE, MONTGOMERY, AL 36110, Montgomery	Licensee: RES. CATHOLIC MISSION OF THE SOUTH INC.	Telephone #: (334) 230-1970
Ages: 4 Years to 5 Years	Director (if applicable): Teisha Pessoa	Capacity: 75 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
The monitoring visit was on 8/19/2025. The follow up visit was made on 9/5/2025. I could not schedule a follow up visit in Arise on 9/5/2025, so an amendment was made to the monitoring visit made on 8/19/2025. All deficiencies from the monitoring visit on 8/19/2025 were corrected the day of the follow up visit on 9/5/2025.	
In the PreK 1 class there was a staff without a complete file., Ad Hoc Comments: NA	9/5/2025
In the PreK 1 class there were hazardous items not under lock and key (Dawn dish detergent, Lysol spray, Clorox wipes, hand sanitizer)., Ad Hoc Comments: NA	9/5/2025
In the PreK 1 class there were three electrical outlets without covers., Ad Hoc Comments: NA	9/5/2025
In the PreK 2 class there were hazardous items not under lock and key (hand sanitizer, Clorox wipes, Wet Ones antibacterial wipes)., Ad Hoc Comments: NA	9/5/2025
In the PreK 2 class there were five electrical outlets without covers., Ad	9/5/2025

Hoc

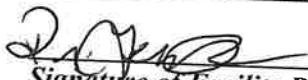
Comments: NA

The director does not have a complete file., Ad Hoc
Comments: NA

9/5/2025

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 9/19/2025, 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

Leanna Towery

9/5/25
Date

Signature of DHR Licensing Representative

9/5/2025
Date

COPIES TO: director