

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: IMMANUEL CDC ACADEMY	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 1/20/2026
Facility Address: 5579 ANDREWS AVENUE, OZARK, AL 36360, Dale	Licensee: IMMANUEL ENTERPRISES, LLC	Telephone #: (334) 443-1111
Ages: 3 Years to 10 Years	Director (if applicable): ANNIE WOMACK	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	
No deficiencies observed at this visit.	
Failed - Exposed electrical outlets have protective covers, Inspection Form Comments: electrical outlets do not have covers.	12/30/2025
Failed - Individual records on each child on file on first day of attendance, Inspection Form Comments: There was a child that did not have a preadmission form in their file.	12/30/2025
Failed - Preadmission Form, Child Checklist Comments: The back page is not complete and there is no father information.	1/20/2026
Failed - Preadmission Form, Child Checklist Comments: Addresses are not complete.	12/30/2025
Failed - Preadmission Form, Child Checklist Comments: There is not complete Dr information and there is no release information.	12/30/2025

Failed - Preadmission Form, Child Checklist Comments: There are blank spaces, and the addresses are not correct.	12/30/2025
Failed - Preadmission Form, Child Checklist Comments: There are blank spaces. The Dr information is missing, and the parent signatures are missing.	1/20/2026
Failed - Preadmission Form, Child Checklist Comments: Ther are no addresses.	12/30/2025
Failed - Preadmission Form, Child Checklist Comments: There is no addresses.	12/30/2025
Failed - Preadmission Form, Child Checklist Comments: There is not one in the file.	12/30/2025
Failed - Preadmission Form, Child Checklist Comments: There are blank spaces and no addresses.	12/30/2025

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 2/3/26, 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.

_____ Annie Womack <i>Signature of Facility Representative</i>	_____ 1/20/26 Date
_____ JAY DALTON <i>Signature of DHR Licensing Representative</i>	_____ 1/20/26 Date

COPIES TO: Annie Womack