

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

**SECTION A- IDENTIFYING INFORMATION**

|                                                                 |                                                                                                                   |                                                  |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Facility Name:<br>PROVIDENCE BAPTIST CHURCH<br>CHILD DEV. CTR   | Type of Facility : Center [X]<br>Day [X]      OST [ ]<br>Night [ ]      Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>2/11/2026                      |
| Facility Address:<br>2807 LEE RD 166, OPELIKA, AL<br>36804, Lee | Licensee:<br>PROVIDENCE BAPTIST<br>CHURCH                                                                         | Telephone #:<br>(334) 745-0807                   |
| Ages:<br>6 Weeks to 10 Years                                    | Director (if applicable):<br>MANDY STEWARD                                                                        | Capacity:<br>64      ,      NA<br>Day      Night |

**SECTION B - DEFICIENCY INFORMATION**

| <u>Performance Standard Deficiency</u><br><b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>                                                                       | <b>Date Corrected by<br/>Licensee</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Deficiency Summary</b>                                                                                                                                     |                                       |
| Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form<br>Comments: gate has a gap at the bottom of it           | Pending Correction                    |
| Failed - Formula provided by parent, must be labeled, ready to feed, and refrigerated, Inspection Form<br>Comments: One of the infant bottles was not labeled | 2/11/2026                             |
| Failed - Ongoing Training, Staff Checklist<br>Comments: need 6 hours needed                                                                                   | Pending Correction                    |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: missing 11 hours                                                                            | Pending Correction                    |
| Failed - Ongoing Training, Staff Checklist<br>Comments: missing 12 hours                                                                                      | Pending Correction                    |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: missing 11 hours                                                                            | Pending Correction                    |
| Failed - Ongoing Training, Staff Checklist<br>Comments: missing 6 hours                                                                                       | Pending Correction                    |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: missing 11 hours                                                                            | Pending Correction                    |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: missing 11 hours                                                                            | Pending Correction                    |
| Failed - Ongoing Training, Staff Checklist<br>Comments: need 12 more hours                                                                                    | Pending Correction                    |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: missing 11 hours                                                                            | Pending Correction                    |

|                                                                        |                    |
|------------------------------------------------------------------------|--------------------|
| Failed - Health and Safety Training, Staff Checklist                   | Pending Correction |
| Comments: missing 11hours                                              |                    |
| Failed - Electrical outlets covered, Classroom Checklist / Infants     | 2/11/2026          |
| Comments: missing outlet cover                                         |                    |
| Failed - Hazardous substances locked, Classroom Checklist / Infants    | 2/11/2026          |
| Comments: There were some hazardous substance not under lock and key   |                    |
| Failed - Medication locked, Classroom Checklist / Infants              | 2/11/2026          |
| Comments: There were some medications under lock and key               |                    |
| Failed - Electrical outlets covered, Classroom Checklist / Summer Camp | 2/11/2026          |
| Comments: missing electrical cover                                     |                    |

**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 2-25-26, 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.

Mandy Seward  
Signature of Facility Representative

2/11/26  
Date

SHYNECSA BLEVINS

ShyneCSA Blevins  
Signature of DHR Licensing Representative

2-11-26  
Date

COPIES TO: Director