ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
OPELIKA FIRST CLASS PRE-K ACADEMY	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	2/16/2026
Facility Address: 1032 S. RAILROAD AVENUE, OPELIKA, AL 36801, Lee	Licensee: ENVISION OPELIKA FOUNDATION, INC	Telephone #: (334) 319-0056
Ages: 3 Years to 8 Years	Director (if applicable): CINDY CONWAY	Capacity: 62 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Broken see-saw on playground.	Pending Correction
Failed - *Crawl-through equipment, Inspection Form Comments: Missing.	Pending Correction
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: Some of the facility staff are not enrolled in the Alabama Pathway's Registry.	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: Missing.	Pending Correction
Failed - References, Staff Checklist Comments: Missing.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing 12 hours.	Pending Correction
Failed - Current Driver's License, Staff Checklist Comments: License in file is expired.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing 10 hours.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing 12 hours	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing 19 hours.	Pending Correction

Failed - Application, Staff Checklist Comments: Missing.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing 12 hours	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing Mandated Reporter.	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing Mandated Reporter.	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: Missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing 12 hours	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing Mandated Reporter	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing Mandated Reporter	Pending Correction
Failed - References, Staff Checklist Comments: Missing one reference.	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Expired.	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Missing.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing 4 hours	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Missing information.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Missing.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Missing.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Missing information	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Expired	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Expired.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Missing.	Pending Correction
Failed - *Toy telephones-2, Classroom Checklist / Pre-K 1 Comments: Missing one phone.	Pending Correction
Failed - *Toy telephones-2, Classroom Checklist / Pre-K 2 Comments: Missing one phone.	Pending Correction
Failed - *Doll bed or cradle, Classroom Checklist / Pre-K 3 Comments: Missing.	Pending Correction
Failed - *Toy telephones-2, Classroom Checklist / Pre-K 3 Comments: Missing one phone.	Pending Correction

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 _____2/17/2026_____, 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	Date
ARIANN CHARITY	**2/17/26**
_____	_____
Signature of DHR Licensing Representative	Date

COPIES TO: _____