

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: ENSLEY STEAM ACADEMY	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 3/6/2026
Facility Address: 701 18TH STREET ENSLEY, BIRMINGHAM, AL 35218, Jefferson	Licensee: NAME MINISTRIES INC	Telephone #: (205) 490-3407
Ages: 3 Years to 12 Years	Director (if applicable): CYNTHIA COLLINS	Capacity: 26      /      NA Day      Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b> There was one staff watching a child go to the hall restroom while also watching the class while the other staff answered the door. , Ad Hoc Comments: NA	Pending Correction
On March 6, 2026, the vinyl flooring is chipping in some areas in the classroom., Ad Hoc Comments: NA	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 03/20/2026, 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.**

Cynthia Collins  
**Signature of Facility Representative**

\_\_\_\_\_  
Date

JAIME BOWMAN

03/06/26

\_\_\_\_\_  
**Signature of DHR Licensing  
Representative**

\_\_\_\_\_  
Date

COPIES TO: Cynthia Collins