

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: POTTER'S ENRICHMENT ACADEMY	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 2/6/2026
Facility Address: 3000 OLD MONTGOMERY, SELMA, AL 36701, Dallas	Licensee: CHARITY FELLOWSHIP OUTREACH	Telephone #: (334) 877-0505
Ages: 0 Weeks to 12 Years	Director (if applicable): DESTINI BONNER	Capacity: 34 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
There is a missing plug cover in the infant room 4wks-24m., Ad Hoc Comments: NA	2/6/2026
There is Vaseline on the diaper changing table not under lock in key in the infant room 4wks-24m)., Ad Hoc Comments: NA	2/6/2026
There is a bench on the playground with broken wood, exposed nails, and paint peeling., Ad Hoc Comments: NA	Pending Correction
There is Vaseline on the playground not under lock in key., Ad Hoc Comments: NA	2/6/2026
There is ceiling tile water brown stained damage in the 2.5 yr and up classroom, Ad Hoc Comments: NA	Pending Correction
There is a black storage closet with chemicals not under lock in key in the 2.5yr and up classroom. (Clorox, Clorox wipes, Lysol, Fabuloso., Ad Hoc Comments: NA	2/6/2026
There is a folded chair on the playground with exposed rust., Ad Hoc Comments: NA	2/6/2026
There is a blue and yellow seesaw on the playground with exposed rust., Ad Hoc	Pending Correction

Comments: NA

The front glass doors on the center are not marked on child's level,, Pending Correction
Ad Hoc

Comments: NA

There is a staff at the center with no file., Ad Hoc Pending Correction

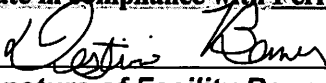
Comments: NA

The ratio is out of compliance in the infant room due to staff not Pending Correction
having suitability information., Ad Hoc

Comments: NA

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 2/20/26, 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.



Signature of Facility Representative

02/06/2026

Date

KAMILA CROWELL

Signature of DHR Licensing Representative

2/6/26

Date

COPIES TO: _____director_____