

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: FIRST STEP OF GOD CHILDCARE	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 3/25/2026
Facility Address: 166 SOUTH BROAD ST, MOBILE, AL 36602, Mobile	Licensee: FIRST STEP OF GOD HOUSE OF REPENTANCE	Telephone #: (251) 432-0000
Ages: 6 Weeks to 13 Years/6 Weeks to 13 Years	Director (if applicable): KENOSHA PHILLIPS	Capacity: 38 / 38 Day Night

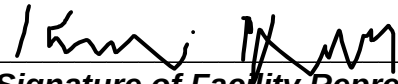
SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - No infant put to sleep on sofa, soft mattress, Inspection Form Comments: In the infant room there is an infant asleep in a bouncy seat.	3/25/2026
Failed - No screen time for children under 2 years of age, Inspection Form Comments: The T.V. is on in the infant room.	3/25/2026
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: There is litter on the playground.	3/25/2026
Failed - Medical, Staff Checklist Comments: A staff member has an expired medical form on file in the center.	3/26/2026

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 _____N/A_____, 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

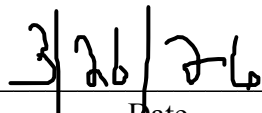
Performance Standards applicable to that facility. It is the responsibility of the licensee to operate in compliance with **Performance Standards**.



Signature of Facility Representative

LESLIE WILLIAMS

Signature of DHR Licensing Representative



Date

03/26/2026

Date

COPIES TO: _Kenoshia Phillips_