

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: EVANGEL CHRISTIAN PRESCHOOL	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]        Family [ ] University [ ] Group [ ]	Date of Visit: 4/2/2026
Facility Address: 3975 Vaughn Road, Montgomery, AL 36106, Montgomery	Licensee: EVANGEL CHRISTIAN PRESCHOOL	Telephone #: (334) 273-0730
Ages: 6 Weeks to 5 Years	Director (if applicable):	Capacity: 90            /    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>	
PUNISHMENT BY CHILD, Allegation Comments: on 2/19/26, per video footage, a staff member allowed two children to hit and push each other without intervening.	Pending Correction
REPORT KNOWN/SUSPECTED, Allegation Comments: The center failed to report an incident in which the health, welfare, and safety of the children were at risk.	3/30/2026
ROUGH OR HARSH HANDLING, Allegation Comments: On 2/19/26, per video footage, a staff member used rough and harsh handling on a 3-year-old child. The child was picked up and shaken by the staff member.	Pending Correction
On 2/19/26, per video footage and staff statements, a staff member threatened a child with a yard stick in the 3 -year-old classroom., Ad Hoc Comments: NA	Pending Correction
On 3/20/26, the center is not using the required pre-admission forms for the children., Ad Hoc Comments: NA	4/1/2026
On 3/20/26, one side of the sink is broken in the 6 weeks to 18-month classroom., Ad Hoc Comments: NA	3/23/2026
The 3-year-old classroom was left unsupervised during nap time when the teacher stepped out of the room., 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 4/9/26, 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.**

<u>Rosemary Hean</u>	<u>4/2/26</u>
<b><i>Signature of Facility Representative</i></b>	Date
<u>JESSICA VICE</u>	<u>4/2/26</u>
<b><i>Signature of DHR Licensing Representative</i></b>	Date

COPIES TO: \_\_\_\_\_ Center \_\_\_\_\_