ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: ASCENSION LUTHERAN CHURCH & PRESCHOOL	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 4/23/2026
Facility Address: 3803 OAKWOOD AVE N W, HUNTSVILLE, AL 35810, Madison	Licensee: ASCENSION LUTHERAN CHURCH & PRESCHOOL	Telephone #: (256) 536-5245
Ages: 6 Weeks to 8 Years	Director (if applicable): CHARLA JOETTE MOORE	Capacity: 84 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
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: On 4/23/26, all staff were not enrolled in Alabama Pathways.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: On 4/23/26, the child's preadmission form was missing.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: On 4/23/26, the child's immunization exemption was not on the correct certificate.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: On 4/23/26, the child's preadmission record was missing.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: On 4/23/26, doctor's information was missing from the preadmission form.	Pending Correction
Failed - Medication locked, Classroom Checklist / Infant Room	4/23/2026

Comments: On 4/23/26, a container of Vaseline was in a child's cubby.

Failed - Hazardous substances locked, Classroom Checklist / Toddler 2 4/23/2026
Comments: On 4/23/26, disinfectant wipes were not under lock and key.

Failed - Medication locked, Classroom Checklist / Early Learners 4/23/2026
Comments: On 4/23/26, a container of Vaseline was in a child's cubby.

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 ___05/07/26_____, 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 Date

AJOIA MCGHEE **04/23/26**

_____ _____
Signature of DHR Licensing Representative Date

COPIES TO: ____Center_____