

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A - IDENTIFYING INFORMATION

Facility Name: MADISON COUNTY PRESCHOOL AND AFTERSCHOOL	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 5/15/2026
Facility Address: 101 DOMINION CIRCLE, HUNTSVILLE, AL 35811, Madison	Licensee: MADISON COUNTY PRESCHOOL AND AFTERSCHOOL	Telephone #: (256) 326-0791
Ages: 6 Weeks to 12 Years	Director (if applicable): LATRICIA WADE	Capacity: 54 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
There were no deficiencies observed or noted during today's visit on 5/15/26.	
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 4/30/26, all staff were not enrolled in Alabama Pathways.	Pending Correction
Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: On 4/30/26, disinfectant spray, wipes, and bleach spray were not under lock and key.	4/30/2026
Failed - Containers labeled, Inspection Form Comments: On 4/30/26, the bleach spray was in a container that was not labeled.	4/30/2026
Failed - Outdoor play area free of apparent hazardous conditions;, Inspection Form Comments: On 4/30/26, there was a loose, unwound garden hose on the playground.	5/15/2026
Failed - Tornado, Inspection Form	5/15/2026

Comments: On 4/30/26, there was no documentation of a tornado drill.

Failed - Lockdown, Inspection Form

5/15/2026

Comments: On 4/30/26, there was no documentation of a lockdown drill.

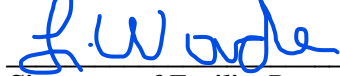
Failed - Preadmission Form, Child Checklist

5/15/2026

Comments: On 4/30/26, the child's preadmission form was missing doctor's information.

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 5/22/26, as verification that deficiencies have been corrected.

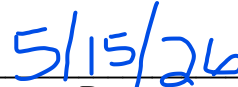
NOTICE: Any misleading or any false statements or reports made to the Department and/or failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of Performance Standards. A facility licensed 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

AJOIA MCGHEE

Signature of DHR Licensing Representative



Date

5/15/26

Date

COPIES TO: _____ Center _____