ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: IMMANUEL CHILD DEVELOPMENT CENTER	Type of Facility : Center [X] Day [X] OST [ ] Night [X] Family [ ] University [ ] Group [ ]	Date of Visit: 5/26/2026
Facility Address: 628 SOUTH UNION AVENUE, OZARK, AL 36360, Dale	Licensee: IMMANUEL ENTERPRISES LLC	Telephone #: (334) 445-1887
Ages: 0 Months to 13 Years/18 Months to 13 Years	Director (if applicable): ANNIE WOMACK	Capacity: 110 / 25 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: There is a broken plastic table on the infant play area.	4/30/2026
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: There is a large drop off area at the back gate on the preschool playground.	4/30/2026
Failed - Medical, Staff Checklist Comments: expired	5/14/2026
Failed - Ongoing Training, Staff Checklist Comments: There is no verification of training.	5/26/2026
Failed - Health and Safety Training, Staff Checklist Comments: There is no verification of training.	5/26/2026
Failed - Photo ID Verification, Staff Checklist Comments: Not in file.	5/26/2026

Failed - References, Staff Checklist Comments: Not in file	5/26/2026
Failed - Ongoing Training, Staff Checklist Comments: There is no verification of training.	5/26/2026
Failed - Health and Safety Training, Staff Checklist Comments: There is no verification of training.	5/26/2026
Failed - Ongoing Training, Staff Checklist Comments: There are no verification of training.	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: There is no verification of training.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: There is no verification of training.	5/26/2026
Failed - Health and Safety Training, Staff Checklist Comments: There is no verification of training.	5/26/2026
Failed - Health and Safety Training, Staff Checklist Comments: There is no verification for all training.	5/26/2026

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 6/9/26, 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.

Annie Womack _____ 5/26/26 _____

Signature of Facility Representative Date

JAY DALTON

_____ **5/26/26**

Signature of DHR Licensing Representative Date

COPIES TO: Anne Womack