

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: WALKER CHRISTIAN ACADEMY LLC	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]           Family [ ] University [ ] Group [ ]	Date of Visit: 6/17/2026
Facility Address: 170 HULL ROAD, SUMITON, AL 35148, Walker	Licensee: CHLOE TINDLE	Telephone #: (205) 907-3241
Ages: 6 Weeks to 12 Years	Director (if applicable): CHLOE TINDLE	Capacity: 42            /    NA Day            Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
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: Some of the facility staff members are not enrolled in Alabama Pathways Registry	Pending Correction
Failed - 0 up to 18 months 1 to 5, Inspection Form Comments: Out of ratio due to one staff missing a CAN	Pending Correction
Failed - Fire, Inspection Form Comments: There is no documentation of drills present	5/18/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing	6/1/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing 8 hrs	6/1/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing 8 hrs	6/1/2026
Failed - Ongoing Training, Staff Checklist Comments: missing 8 hrs	6/1/2026
Failed - Ongoing Training, Staff Checklist Comments: missing 12hrs	6/1/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing 8hrs	6/1/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing 8 hrs	6/1/2026
Failed - Ongoing Training, Staff Checklist	6/1/2026

Comments: Missing 8 hrs Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: Missing 8 hrs Failed - Preadmission Form, Child Checklist	5/18/2026
Comments: incomplete/ missing signature and dates Expired form Failed - Preadmission Form, Child Checklist	5/18/2026
Comments: Expired form Failed - *Nesting and stacking toys – 2 sets, Classroom Checklist / walkers	5/15/2026
Comments: 1 Missing Failed - *Sit on riding toys – 2, Classroom Checklist / toddlers	Pending Correction
Comments: 2 Missing Failed - *Pots, pans, buckets, large plastic spoons, Classroom Checklist / toddlers	5/15/2026
Comments: Missing Failed - Hazardous substances locked, Classroom Checklist / toddlers	5/15/2026
Comments: Cleaning supplies not under lock and key, under the changing table latched with a baby safety lock Failed - Indoor thermometer (child safe), Classroom Checklist / preschool	5/15/2026
Comments: Not working One staff present in the Infant I Classroom (6wks-12mos) without a CAN., Ad Hoc	5/25/2026
Comments: NA Staff files are incomplete., Ad Hoc	Pending Correction
Comments: NA Upon arrival on 06/17/2026, there was an infant (7 months) asleep in the crib with a blanket., Ad Hoc	Pending Correction
Comments: NA upon arrival on 06/17/2026, the preschool (2.5 & up) closet door blinds are broken at bottom giving children access to the furnace (safety hazard)., Ad Hoc	Pending Correction
Comments: NA	

**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 \_\_\_\_\_, 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

SHUNDR NEVELS

\_\_\_\_\_  
**Signature of DHR Licensing  
Representative**

\_\_\_\_\_  
Date

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