ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: SURE WORD TEMPLE OF GOD D/C KINDERGARTEN	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 6/18/2026
Facility Address: 836 W. CLARK AVE., PRICHARD, AL 36610, Mobile	Licensee: SURE WORD TEMPLE OF GOD DAY CARE	Telephone #: (251) 452-3669
Ages: 6 Weeks to 11 Years	Director (if applicable): MAE IDA CARSTARPHEN	Capacity: 58 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
CORRECTED DEFICIENCIES VERIFIED THROUGH ARISE.	
Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: 6/18/26 The cleaning supplies (Clorox, Lysol wipes and spray), air freshener, and antibacterial soap not under lock and key or combination lock.	6/18/2026
Failed - Containers labeled, Inspection Form Comments: 6/18/26 Containers are not labeled.	6/18/2026
Failed - Most recent fire inspection report within 5 years, Inspection Form Comments: 6/18/26 Expired	7/6/2026
Failed - Current and complete emergency plans and procedures submitted to the Department, Inspection Form Comments: 6/18/26 Missing Documentation	6/25/2026
Failed - Fire, Inspection Form Comments: 6/18/26 Missing Documentation	7/6/2026
Failed - Tornado, Inspection Form Comments: 6/18/26 Missing Documentation	7/6/2026
Failed - Lockdown, Inspection Form Comments: 6/18/26 Missing Documentation	7/6/2026
Failed - Relocation, Inspection Form Comments: 6/18/26 Missing Documentation	7/6/2026
Failed - Copy of operating policies submitted to DHR, Inspection Form	6/25/2026

Comments: 6/18/26 Missing Documentation	
Failed - Preadmission Form, Child Checklist	6/29/2026
Comments: 6/18/26 Incomplete	
Failed - Immunization Certificate, Child Checklist	6/30/2026
Comments: 6/18/26 Expired	
Failed - Preadmission Form, Child Checklist	6/30/2026
Comments: 6/18/26 Incomplete	
Failed - Preadmission Form, Child Checklist	6/29/2026
Comments: 6/18/26 Incomplete	
Failed - Preadmission Form, Child Checklist	6/30/2026
Comments: 6/18/26 Incomplete	

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

LaDanika York

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____