ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
GOLDEN SPRINGS BAPT WEEKDAY EARLY ED	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	6/24/2026
Facility Address:	Licensee:	Telephone #:
3 ROBERTSON ROAD, ANNISTON, AL 36207, Calhoun	GOLDEN SPRINGS BAPT WEEKDAY EARLY ED	(256) 237-5788
Ages:	Director (if applicable):	Capacity:
6 Weeks to 14 Years	CHRISTY ROSS	125 / 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 June 24, 2026, Alabama Pathways was not up to date.	7/15/2026
Failed - Preadmission Form, Child Checklist Comments: On June 24, 2026, the pre-admission form was incomplete.	6/24/2026
Failed - Immunization Certificate, Child Checklist Comments: On June 24, 2026, the immunization record was expired.	6/30/2026
Failed - Hazardous substances locked, Classroom Checklist / Toddler 2 (12-18 months) Comments: On June 24, 2026, there was hand sanitizer not under lock and key.	6/24/2026
Failed - Hazardous substances locked, Classroom Checklist / 2 1/2 Comments: On June 24, 2026, there was disinfecting wipes, hand sanitizer and air freshener not under lock and key.	6/24/2026
Failed - Hazardous substances locked, Classroom Checklist / 2's Comments: On June 24, 2026, there was Native deodorant not under lock and key.	6/24/2026
Failed - Hazardous substances locked, Classroom Checklist / 3 day 3's 2 Comments: On June 24, 2026, there was Bath and Body Works air	6/24/2026

freshener not under lock and key.

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 _____NA_____, 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.

Christy Ross — 7.22.26

Signature of Facility Representative — Date

JAIME BOWMAN — **06/24/26**

Signature of DHR Licensing Representative — Date

COPIES TO: __Christy Ross_____