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:
EMERALD COVE EARLY LEARNING CENTER	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	7/30/2026
Facility Address:	Licensee:	Telephone #:
108 NORTH 8TH ST., OPELIKA, AL 36801, Lee	EMERALD COVE EARLY LEARNING CENTER, LLC.	(334) 745-0832
Ages:	Director (if applicable):	Capacity:
0 Days to 11 Years	ALLISON JOHNSON	60 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: has expired	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missin	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: ongoing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: missing doctor information	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: missing	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: missing full address	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: missing address	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: missing full address	Pending Correction

Failed - Preadmission Form, Child Checklist Comments: missing full address and telephone number	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / Room 1 Comments: There was hazardous substance not under lock and key. (hand sanitizer)	8/13/2026
In the infant room there was not a working theremometer., Ad Hoc Comments: NA	Pending Correction

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 8-13-26 **, 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.

Allison Johnson — 7/30/2026

Signature of Facility Representative — Date

SHYNECSA BLEVINS Shynecsa Blevins 7-30-26

Signature of DHR Licensing Representative — Date

COPIES TO: Director