ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: SOUL'S HARBOR FULL GOSPEL FAITH MISSIONS	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 8/7/2026
Facility Address: 600 SOUTH EIGHTH STREET, OPELIKA, AL 36801, Lee	Licensee: SOUL'S HARBOR FULL GOSPEL FAITH MISSIONS	Telephone #: (334) 749-1290
Ages: 6 Weeks to 11 Years	Director (if applicable): SHIRLEY HENDERSON	Capacity: 45 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Center free of apparent hazards, Inspection Form Comments: In the bathroom by the office the floor is dipping and is a tripping hazard.	Pending Correction
Failed - Floors, bathrooms fixtures cleaned/disinfected, Inspection Form Comments: In the entry area the floor and walls are dirty.	Pending Correction
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: The fence has ants going around the whole fence	Pending Correction
Failed - Fence or wall free of sharp edges, Inspection Form Comments: There was a screw sticking out .	Pending Correction
Failed - Shade and sun areas provided, Inspection Form Comments: The cover is is torn off the shade structure.	Pending Correction
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: There is a broken board on the fence on the side playground.	Pending Correction

Failed - Ongoing Training, Staff Checklist Comments: missing 4hours	Pending Correction
Failed - Verification of Education, Staff Checklist Comments: missing	Pending Correction
Failed - Medical, Staff Checklist Comments: has expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: need four hours	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: missing full address on second page.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: missing signature on back	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: missing address on second and the top of the form is not complete.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: top of form is not complete.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: top of the form is not filled out completely.	Pending Correction
Failed - Electrical outlets covered, Classroom Checklist / 6wks-18mths Comments: missing outlet cover	Pending Correction
Failed - Medication locked, Classroom Checklist / 6wks-18mths Comments: medication not locked up	Pending Correction
On 8-7-26 in the infant room and in the 3yr-4yr classroom the rug is dirty., Ad Hoc Comments: NA	Pending Correction

On 8-7-26 on the back the building there was a broken door at the bottom of the building., Ad Hoc Comments: NA	Pending Correction
On 8-7-26 on the back playground there was vines growing off the porch . , 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 8-21-26, 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.

Kanesa — 8-7-26

Signature of Facility Representative — Date

SHYNECSA BLEVINS Shyneesa Blevins 8-7-24

Signature of DHR Licensing Representative — Date

COPIES TO: Director