

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: POTTER'S ENRICHMENT ACADEMY	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/20/2026
Facility Address: 3000 OLD MONTGOMERY, SELMA, AL 36701, Dallas	Licensee: CHARITY FELLOWSHIP OUTREACH	Telephone #: (334) 877-0505
Ages: 0 Weeks to 12 Years	Director (if applicable): DESTINI BONNER	Capacity: 34 / NA Day Night

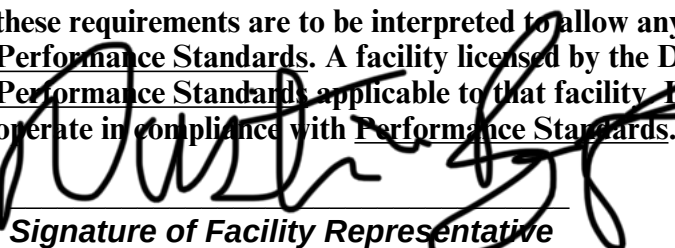
SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Medical, Staff Checklist Comments: expired	8/14/2026
Failed - Ongoing Training, Staff Checklist Comments: missing	8/14/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	8/14/2026
Failed - Ongoing Training, Staff Checklist Comments: missing	8/14/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	8/14/2026
Failed - Ongoing Training, Staff Checklist Comments: missing	8/14/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	8/14/2026
Failed - Ongoing Training, Staff Checklist Comments: missing	8/14/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	8/14/2026
Failed - Medical, Staff Checklist Comments: wrong form	8/14/2026
Failed - Ongoing Training, Staff Checklist Comments: missing	8/14/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	8/14/2026

Failed - Ongoing Training, Staff Checklist Comments: missing	8/14/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	7/10/2026
Failed - Preadmission Form, Child Checklist Comments: wrong form	7/10/2026
Failed - Preadmission Form, Child Checklist Comments: wrong form	7/10/2026
Failed - Preadmission Form, Child Checklist Comments: wrong form	7/10/2026
Failed - Immunization Certificate, Child Checklist Comments: expired	7/10/2026
Failed - Immunization Certificate, Child Checklist Comments: expired	7/10/2026
Failed - Preadmission Form, Child Checklist Comments: expired	7/10/2026
Failed - Immunization Certificate, Child Checklist Comments: expired	7/10/2026
Failed - Preadmission Form, Child Checklist Comments: wrong form	7/10/2026
Failed - Immunization Certificate, Child Checklist Comments: expired	7/10/2026
Failed - Preadmission Form, Child Checklist Comments: incomplete	7/10/2026
Failed - Immunization Certificate, Child Checklist Comments: expired	7/10/2026
Failed - Immunization Certificate, Child Checklist Comments: expired	7/10/2026
Failed - Preadmission Form, Child Checklist Comments: wrong form	7/10/2026
Failed - Immunization Certificate, Child Checklist Comments: expired	7/10/2026
Failed - Preadmission Form, Child Checklist Comments: wrong form	7/10/2026
Failed - Furniture child size, clean, good condition, Classroom Checklist / Ms. Evans Comments: paint peeling on two cribs	8/14/2026
Failed - Furniture child size, clean, good condition, Classroom Checklist / Natasha Comments: ceiling tile-stained water damage	8/14/2026
Food permit posted expired., Ad Hoc Comments: NA	8/14/2026
There 2 staff files not complete. (missing backgrounds), 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 _____, as verification that deficiencies have been corrected.

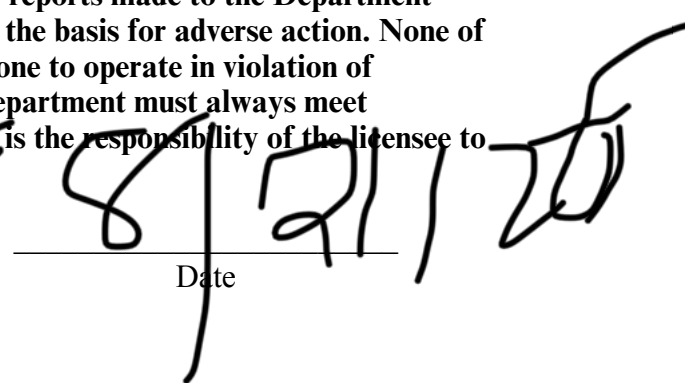
NOTICE: Any misleading or any false statements or reports made to the Department and/or failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of Performance Standards. A facility licensed 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

KAMILA CROWELL

Signature of DHR Licensing Representative



Date

Date

COPIES TO: _____