

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

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

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: has expired	8/13/2026
Failed - Health and Safety Training, Staff Checklist Comments: missin	8/13/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	8/13/2026
Failed - Ongoing Training, Staff Checklist Comments: ongoing	8/13/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	8/13/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	8/13/2026
Failed - Ongoing Training, Staff Checklist	8/19/2026

Comments: missing

Failed - Preadmission Form, Child Checklist
Comments: missing doctor information

8/13/2026

Failed - Immunization Certificate, Child Checklist
Comments: missing

8/13/2026

Failed - Preadmission Form, Child Checklist
Comments: missing full address

8/13/2026

Failed - Preadmission Form, Child Checklist
Comments: missing address

8/13/2026

Failed - Preadmission Form, Child Checklist
Comments: missing full address

8/13/2026

Failed - Preadmission Form, Child Checklist
Comments: missing full address and telephone number

8/13/2026

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 thermometer., Ad Hoc
Comments: NA

8/13/2026

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

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 N/A, 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
Signature of Facility Representative

8/24/2026
Date

SHYNECSA BLEVINS

Shyneesa Blevins
Signature of DHR Licensing Representative

8-24-26
Date

COPIES TO: Director