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:
MUSTARD SEED PRESCHOOL	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	8/26/2026
Facility Address:	Licensee:	Telephone #:
1975 HIGHWAY 78, DORA, AL, 35062, Walker	KRISTI CONNER, MUSTARD SEED PRESCHOOL	(205) 467-8491
Ages:	Director (if applicable):	Capacity:
6 Weeks to 12 Years	KRISTI LYNN CONNER	150 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
RADIO, TV, VIDEO ENHANCE, Allegation Comments:	Pending Correction 9/4 KC
Per video footage on or before 08/26/26, there are three (3) staff members in the Toddler Classroom (12-16 mos) making a video that does not supplement / enhance the daily plan (violence and sexually explicit), , Ad Hoc Comments: NA	Pending Correction 9/4 KC
Per video footage on or before 08/26/2026, there are three (3) staff members in the Toddler Classroom (12-16 mos) not supervising children at all times (making social media video). , Ad Hoc Comments: NA	Pending Correction 9/4 KC
Upon arrival, there are hazardous substances not under lock and key/ combination lock on the counters in the Preschool areas upstairs. , Ad Hoc Comments: NA	Pending Correction 8/26 KC
Upon arrival, there are 65 children eating morning snack in the Preschool Classroom (2.5-3 yrs) that measures for 20 children. , Ad Hoc Comments: NA	Pending Correction 8/26 KC
Upon arrival, there are two (2) 2 yr olds grouped/ mixed with Preschool children 2.5 and up during morning snack., Ad Hoc Comments: NA	Pending Correction 8/26 KC

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 Date

SHUNDR NEVELS

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____