ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: MUSTARD SEED PRESCHOOL	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 8/26/2026
Facility Address: 1975 HIGHWAY 78, DORA, AL, 35062, Walker	Licensee: KRISTI CONNER, MUSTARD SEED PRESCHOOL	Telephone #: (205) 467-8491
Ages: 6 Weeks to 12 Years	Director (if applicable): KRISTI LYNN CONNER	Capacity: 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
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
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
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	8/26/2026
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	8/26/2026
Upon arrival, there are two (2) 2 yr olds grouped/ mixed with Preschool children 2.5 and up during morning snack., Ad Hoc	8/26/2026

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.

Kristi Conn — 10/5/26

Signature of Facility Representative — Date

SHUNDRÉ NEVELS

Signature of DHR Licensing Representative — Date

COPIES TO: _____