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:
EKKLESIA PRESCHOOL & CDC #3	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	8/19/2026
Facility Address:	Licensee:	Telephone #:
103 BROAD STREET, MUSCLE SHOALS, AL 35661, Colbert	EKKLESIA MB CHURCH	(256) 320-7401
Ages:	Director (if applicable):	Capacity:
6 Weeks to 6 Years	KATENIA FITZGERALD	78 / 55 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
Failed - Fire, Inspection Form Comments: not observed	8/20/2026
Failed - Tornado, Inspection Form Comments: not observed	8/20/2026
Failed - Lockdown, Inspection Form Comments: not observed	8/20/2026
Failed - Relocation, Inspection Form Comments: not observed	8/21/2026
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: not all staff in AL Pathways	8/19/2026
Failed - Records on file at time of employment, Inspection Form Comments: Observed a staff member bringing in, serving, and cleaning up after lunch, without a current file at the center	9/2/2026
Failed - Medical exam and TB test on file at time of employment, Inspection Form Comments: two staff did not have medical	9/2/2026
Failed - Ongoing Training, Staff Checklist Comments: observed 1.5 of 12 In Service hours	9/2/2026
Failed - Medical, Staff Checklist Comments: not dated	8/19/2026
Failed - Ongoing Training, Staff Checklist Comments: observed 4 of 12 hours	9/2/2026

Failed - Medical, Staff Checklist Comments: expired	9/2/2026
Failed - Ongoing Training, Staff Checklist Comments: observed 2 of 12 InService hours	8/19/2026
Failed - Verification of Education, Staff Checklist Comments: not observed in file	9/2/2026
Failed - Ongoing Training, Staff Checklist Comments: observed 7 of 12 In Service hours	9/2/2026
Failed - Health and Safety Training, Staff Checklist Comments: observed 5 of 11 Health and Safety hours	9/2/2026

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 _____x_____, 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.

Katie Allen — 10/6/25

Signature of Facility Representative — Date

LEA RAE GAINES

10/05/26

Signature of DHR Licensing Representative — Date

COPIES TO: _____