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

## SECTION A- IDENTIFYING INFORMATION

| Facility Name: | Type of Facility : Center [X] Day [X] Night [ ] OST [ ] Family [ ] University [ ] Group [ ] | Date of Visit: |
|---|---|---|
| MUSTARD SEED PRESCHOOL | | 10/9/2026 |
| 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 10 Years | KRISTI LYNN CONNER | 150 / NA<br>Day Night |

## SECTION B - DEFICIENCY INFORMATION

| **Performance Standard Deficiency**<br>***HAZARDS MUST BE CORRECTED IMMEDIATELY**** | **Date Corrected by Licensee** |
|---|---|
| **Deficiency Summary** | |
| Failed - Each child signed in and signed out with a written signature or bio-metric ID, Inspection Form<br>Comments: 5 children not signed in today | Pending Correction |
| Failed - 0 up to 18 months 1 to 5, Inspection Form<br>Comments: Upon arrival the staff present does not have a CAN and Suitability on file | Pending Correction |
| Failed - Medication returned to parent or disposed of when no longer needed, Inspection Form<br>Comments: A & D ointment still present at center after the child withdrew from the center | Pending Correction |
| Failed - Medical, Staff Checklist<br>Comments: Missing in the file | Pending Correction |
| Failed - TB Test Date and Results, Staff Checklist<br>Comments: Missing in the file | Pending Correction |
| Failed - CA/N Clearance Form (Every Five Years), Staff Checklist<br>Comments: Missing in the file | Pending Correction |
| Failed - Suitability Determination (Every 5 years), Staff Checklist<br>Comments: Missing in the file | Pending Correction |
| Failed - Written Verification of Standards Read, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - CA/N Clearance Form (Every Five Years), Staff Checklist<br>Comments: Missing in the file | Pending Correction |
| Failed - Suitability Determination (Every 5 years), Staff Checklist<br>Comments: Missing in the file | Pending Correction |

| | |
|---|---|
| Failed - Medication locked, Classroom Checklist / Infants<br>Comments: A & D ointment not locked | Pending Correction |
| Upon arrival, there are 54 snacks prepared in the K2 Classroom (2.5-3years) that measures for 22 children., Ad Hoc<br>Comments: NA | Pending Correction |
| Upon arrival, the K2 Classroom (2.5-3yrs) is not set-up to serve children., Ad Hoc<br>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*** Date

*SHUNDR NEVELS*

_____ _____

***Signature of DHR Licensing Representative*** Date

COPIES TO: _____