

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: TLC LEARNING CENTER	Type of Facility: Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 05/30/2025
Facility Address: 8360 HIGHWAY 59, FOLEY, AL 36535, Baldwin	Licensee: TANEKA CLAUSELL	Telephone #: (251) 952-8521
Ages: 6 Weeks to 12 Years	Director (if applicable): TANEKA CLAUSELL	Capacity: 90 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
PRESCHOOL/SCHOOL-AGE, Allegation Comments:	
STAFF-CHILD RATIO, Allegation Comments:	
SUPERVISION AT ALL TIMES, Allegation Comments:	
Upon arrival there are 9 children ages 2 1/2 to 4 years in a classroom with no staff person., Ad Hoc Comments: NA	
There are Clorox wipes and cleaning spray in toddler room not under lock and key., Ad Hoc Comments: NA	
There are large areas of missing sheetrock and chipped paint in the preschool, toddler and 2yrs classroom walls that need to be repaired., Ad Hoc	

Comments: NA

Daily sign in/out sheets are not being utilized correctly., Ad Hoc
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 6-14-25, 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

SHIRLEY SIMPKINS

Signature of DHR Licensing Representative

COPIES TO: MS. CLAUSELL

5/29/25

Date

Date