

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: LINCOLN LEARNING CENTER	Type of Facility: Center ☒ Day ☒ OST ☐ Night ☐ Family ☐ University ☐ Group ☐	Date of Visit: 06/06/2025
Facility Address: 200 MAGNOLIA ST., LINCOLN, AL, 35096, Talladega	Licensee: JT ALSUP, INC.	Telephone #: (205) 763-1769
Ages: 3 Weeks to 13 Years	Director (if applicable):	Capacity: 90 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Formula provided by parent, must be labeled, ready to feed, and refrigerated, Inspection Form Comments: 4 bottles not labeled in the 3 weeks to 18 months room	06/06/2025
Failed - Children younger than 2 ½ grouped separately, Inspection Form Comments: Upon arrival children under 2 1/2 were grouped with children older than 2 1/2 on the playground	06/06/2025
Failed - 2 ½ years up to 4 years 1 to 11, Inspection Form Comments: One staff without the required suitability information	
Failed - 18 up to 2½ years 1 to 7, Inspection Form Comments: One staff missing initial CCDF training hours	
Failed - Medication administered only with written authorization from parent and child's health professional, Inspection Form Comments: medication present in the toddler classroom with a medication authorization form and physician statement	
Failed - Child care workers/teachers/subs meet requirements for Health & Safety training, Inspection Form Comments: 2 staff without a file missing CCDF training	
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: some staff not registered with Alabama Pathways	
Failed - Medical exam and TB test on file at time of employment, Inspection Form Comments: 2 staff present in the facility but no file missing	

Failed - Health and Safety Training, Staff Checklist	
Comments: missing	
Failed - Health and Safety Training, Staff Checklist	
Comments: missing	
Failed - Hazardous substances locked, Classroom Checklist / Nursery	06/06/2025
Comments: various hazards (sanitizing wipes, window cleaner, toilet cleaner) were in an unlocked cabinet in the bathroom. Not Under lock and key	
Failed - Indoor thermometer (child safe), Classroom Checklist / Toddler 1	06/06/2025
Comments: missing	
Failed - Hazardous substances locked, Classroom Checklist / Toddler 1	06/06/2025
Comments: various hazards not under lock and key. Lysol, sanitizing wipes	
Failed - Medication locked, Classroom Checklist / Toddler 1	
Comments: Diaper cream not under lock and key; prescription ointment not under lock and key.	
Failed - Sink, warm water, soap, paper towels, Classroom Checklist / Toddler 2	
Comments: no sink in the classroom; no warm running water, no paper towels, no soap	
Failed - Indoor thermometer (child safe), Classroom Checklist / Toddler 2	06/06/2025
Comments: missing thermometer	
Two staff present in the facility missing staff file (no CAN no Suitability No CCDF training), Ad Hoc	
Comments: NA	
A underaged volunteer present in the facility without proper file, 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 6/20/2025, 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.

X Bridgette Smith
Signature of Facility Representative

X 6/16/25
Date

bridgette smith

6.6.2025

Date _____

COPIES TO: Director

6.6.2025