

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

**SECTION A- IDENTIFYING INFORMATION**

|                                                                            |                                                                                                                   |                                                   |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Facility Name:<br>FIRST CHRISTIAN CHURCH<br>EARLY CHILDHOOD                | Type of Facility : Center [X]<br>Day [X]      OST [ ]<br>Night [ ]      Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>06/27/2025                      |
| Facility Address:<br>3209 WHITESBURG DR.,<br>HUNTSVILLE, AL 35802, Madison | Licensee:<br>FIRST CHRISTIAN<br>CHURCH EARLY<br>CHILDHOOD                                                         | Telephone #:<br>(256) 881-4291                    |
| Ages:<br>8 Weeks to 8 Years                                                | Director (if applicable):<br>SUSAN COOLEY                                                                         | Capacity:<br>110      /      NA<br>Day      Night |

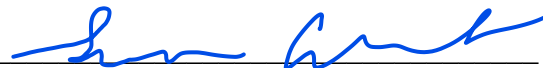
**SECTION B - DEFICIENCY INFORMATION**

| <b><u>Performance Standard Deficiency</u></b><br><b><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Date Corrected by</b><br><b>Licensee</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <b>Deficiency Summary</b><br><br>Failed - Medical, Staff Checklist<br>Comments: Missing current medical form.<br>Failed - Medical, Staff Checklist<br>Comments: medical expired 2/21/2024.<br>Failed - Ongoing Training, Staff Checklist<br>Comments: missing current ongoing training.<br>Failed - Health and Safety Training, Staff Checklist<br>Comments: Missing current health and safety training.<br>Failed - References, Staff Checklist<br>Comments: missing one reference.<br>Failed - References, Staff Checklist<br>Comments: missing three references.<br>Failed - Suitability Determination (Every 5 years), Staff Checklist<br>Comments: missing suitability letter.<br>Failed - Health and Safety Training, Staff Checklist<br>Comments: missing health and safety training.<br>Failed - Suitability Determination (Every 5 years), Staff Checklist<br>Comments: missing an updated suitability letter.<br>Failed - Suitability Determination (Every 5 years), Staff Checklist<br>Comments: missing current suitability letter<br>Failed - Health and Safety Training, Staff Checklist<br>Comments: missing health and safety training.<br>Failed - Health and Safety Training, Staff Checklist<br>Comments: missing current health and safety training. |                                             |

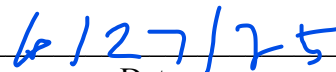
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist  
Comments: Ca/n formed mailed in has not returned yet.

**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**

Angela Brogdon

  
\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of DHR Licensing Representative**

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_