ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

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

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee

Deficiency Summary

Failed - Medical, Staff Checklist
Comments: Missing current medical form.
Failed - Medical, Staff Checklist
Comments: medical expired 2/21/2024.
Failed - Ongoing Training, Staff Checklist
Comments: missing current ongoing training.
Failed - Health and Safety Training, Staff Checklist
Comments: Missing current health and safety training.
Failed - References, Staff Checklist
Comments: missing one reference.
Failed - References, Staff Checklist
Comments: missing three references.
Failed - Suitability Determination (Every 5 years), Staff Checklist
Comments: missing suitability letter.
Failed - Health and Safety Training, Staff Checklist
Comments: missing health and safety training.
Failed - Suitability Determination (Every 5 years), Staff Checklist
Comments: missing an updated suitability letter.
Failed - Suitability Determination (Every 5 years), Staff Checklist
Comments: missing current suitability letter
Failed - Health and Safety Training, Staff Checklist
Comments: missing health and safety training.
Failed - Health and Safety Training, Staff Checklist
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.

_____ 6/27/25
Signature of Facility Representative Date

Angela Brogdon

_____ _____
Signature of DHR Licensing Representative Date

COPIES TO: _____