ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: CALVARY LEARNING CENTER, SITE 2	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [Group [ ]	Date of Visit: 8/6/2025
Facility Address: 1305 W. 12TH STREET, SHEFFIELD, AL 35660, Colbert	Licensee: CALVARY BAPTIST CHURCH	Telephone #: (256) 978-5488
Ages: 7 Days to 36 Months	Director (if applicable):	Capacity: 54 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency *HAZARDS MUST BE CORRECTED IMMEDIATELY**	Date Corrected by Licensee
Deficiency Summary	
Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: Two classrooms' hazardous substance cabinets are not locked.	Pending Correction
Failed - Lockdown, Inspection Form Comments: not current	Pending Correction
Failed - Relocation, Inspection Form Comments: not current	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / Room 1 (12mo-18mo) Comments: hazardous substances not locked.	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 _____8/25/25_____________, 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__.

Parker Fleming   8-6-2025

Signature of Facility Representative   Date

Lea Rae Gaines   **8/6/25**

Signature of DHR Licensing Representative   Date

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