ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LIFE CHANGERS CHRISTIAN ACADEMY	Type of Facility : Center [X] Day [X] Night [ ] OST [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 8/29/2025
Facility Address: 1529 TOMAHAWK RD, BIRMINGHAM, AL, 35214, Jefferson	Licensee: LIFE CHANGERS CHRISTIAN CENTER, INC	Telephone #: (205) 798-3334
Ages: 6 Weeks to 18 Years	Director (if applicable): CONNIE M EVANS	Capacity: 90 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary There are no deficiencies noted or observed on today's visit. All Health and Safety met as of 8/29/25., Ad Hoc Comments: NA 8/29/2025	

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 ____N/A_____, 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.

Connie Ware 8/29/25

Signature of Facility Representative Date

Catressa Rozell Catressa Rozell **8/29/25**

Signature of DHR Licensing Representative Date

COPIES TO: OWNER/DIRECTOR

Connie Ward 8/29/25

Signature of Facility Representative Date

Catressa Rozell Catressa Rozell **8/29/25**

Signature of DHR Licensing Representative Date

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