

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: HOPE COMMUNITY CHRISTIAN DAYCARE	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/29/2025
Facility Address: 1111 PULASKI PIKE, HUNTSVILLE, AL 35816, Madison	Licensee: HOPE COMMUNITY CHRISTIAN DAYCARE	Telephone #: (256) 534-8780
Ages: 3 Years to 5 Years	Director (if applicable): Carlett Rodgers	Capacity: 42 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - All children supervised at all times, Inspection Form Comments: Staff left classroom leaving the children unsupervised.	Pending Correction
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: Facility does not have training in Alabama Pathways.	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Does not have the correct CBC letter.	Pending Correction
Failed - Medical, Staff Checklist Comments: Need updated medical.	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Need current health & Safety training.	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Need Current Health & Safety training.	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / Pre-K 2 Comments: There was body spray and hand sanitizer on a shelf. The Department Representative observed a staff walked out of the pre-k 1 classroom to open the front door, leaving four children unsupervised., Ad Hoc Comments: NA	Pending Correction
The Department Representative observed a staff in the pre-k 2 classroom, leave four children unsupervised to step into the adjoining classroom., Ad Hoc Comments: NA	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 _____, 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

Date

LaTonya James

Signature of DHR Licensing Representative

Date

COPIES TO: _____