

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: JESUS CHRISTIAN DAYCARE AND SCHOOL	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 10/9/2025
Facility Address: 1732 11TH AVENUE NORTH, BESSEMER, AL 35020, Jefferson	Licensee: JOSEPH MORENO	Telephone #: (205) 436-2904
Ages: 6 Weeks to 12 Years	Director (if applicable): JOSEPH MORENO	Capacity: 105 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
<p>Deficiency Summary</p> <p>Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: 3 broken tricycles</p> <p>Failed - *Balls-3, Inspection Form Comments: Incomplete</p> <p>Failed - *Digging or sand area, Inspection Form Comments: incomplete</p> <p>Failed - *Toys for digging, Inspection Form Comments: Incomplete</p> <p>Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: Broken wooden outside the main entrance</p> <p>Failed - Character and suitability review conducted on required person (every 5 years), Inspection Form Comments: Incomplete</p> <p>Failed - Center director meets qualifications, Inspection Form Comments: Incomplete</p> <p>Failed - Child care workers/teachers/subs meet qualification and have 12 hours of training within 30 days of employment, Inspection Form Comments: Incomplete</p> <p>Failed - Child care workers/teachers/subs meet requirements for Health & Safety training, Inspection Form Comments: Incomplete</p>	

Failed - Aides/assistant teachers not counted in ratio, Inspection Form

Comments: Incomplete

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: Incomplete

Failed - Medical exam and TB test on file at time of employment, Inspection Form

Comments: Incomplete

Failed - All children supervised at all times, Inspection Form

Comments: Three children came into the classroom (from the playground) unsupervised to get water.

Failed - 0 up to 18 months 1 to 5, Inspection Form

Comments: Ratio not met due to staff not meeting worker qualifications

Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form

Comments: Incomplete

Failed - Thermometer in each area used by children, Inspection Form

Comments: Incomplete

Failed - Outside doors kept closed, Inspection Form

Comments: Door to the K3 room propped open with a chair

Failed - Hazardous substances under lock and key or combination lock, Inspection Form

Comments: Purse and disinfect (infant room)

Failed - Exposed electrical outlets have protective covers, Inspection Form

Comments: Several throughout the center

Failed - Formula provided by parent, must be labeled, ready to feed, and refrigerated, Inspection Form

Comments: All bottles not labeled

Failed - Infants held for bottle feeding, Inspection Form

Comments: Infant being feed on boppy pillow

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

Brandul Perine

**Signature of DHR Licensing
Representative**

Date

COPIES TO: _____