

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: BERRIES CHILDCARE CENTER LLC	Type of Facility : Center ☒ Day ☒ OST ☐ Night ☐ Family ☐ University ☐ Group ☐	Date of Visit: 8/22/2025
Facility Address: 308 WEST MADISON STREET, TROY, AL, 36081, Pike	Licensee: BERRIES CHILDCARE CENTER LLC	Telephone #: (334) 465-5181
Ages: 0 Years to 5 Years	Director (if applicable): JESSICA BERRY	Capacity: 30 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Get updated immunization.	
Failed - Outdoor area adjoins or is safely accessible, Inspection Form	8/29/2025
Comments: Electric box has exposed wires in pathway of children.	
Failed - Ongoing Training, Staff Checklist	9/5/2025
Comments: Missing annual training	
Failed - Health and Safety Training, Staff Checklist	9/5/2025
Comments: Missing annual training	
Failed - Ongoing Training, Staff Checklist	11/7/2025
Comments: Missing Ongoing training	
Failed - Immunization Certificate, Child Checklist	8/25/2025
Comments: Expired	
Failed - Immunization Certificate, Child Checklist	8/25/2025
Comments: No Immunization	
Failed - Immunization Certificate, Child Checklist	8/25/2025
Comments: Expired immunization	

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

KAREN JACKSON-MOULTON

Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____