

**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: 11/17/2025
Facility Address: 1111 PULASKI PIKE, HUNTSVILLE, AL 35816, Madison	Licensee: HOPE COMMUNITY CHRISTIAN DAYCARE	Telephone #: (256) 534-8780
Ages: 6 Weeks to 12 Years	Director (if applicable): CARLETT RODGERS	Capacity: 62 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
There was a purse on shelf in the hallway., Ad Hoc Comments: NA	11/17/2025
There was lotion in the bathroom between the prek 1 and prek 2 classroom., Ad Hoc Comments: NA	11/17/2025
There is a large tree trunk hanging from a large tree on the playground., 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 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.**



Signature of Facility Representative

11/17/2025
Date

LATONYA JAMES

Signature of DHR Licensing Representative

11.17.2025
Date

COPIES TO: Carlett Rodgers