ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
WOODLAND PARK CHRISTIAN LEARNING CENTER	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	11/19/2025
Facility Address: 1800 MARTIN LUTHER KING, JR. BIRMINGHAM, AL 35211, Jefferson	Licensee: WOODLAND PARK CHURCH OF CHRIST	Telephone #: (205) 250-1488
Ages: 6 Weeks to 5 Years	Director (if applicable): Brandi Moss	Capacity: 86 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: holes in the rubber matting around large play equipment. (tripping hazard)	11/19/2025
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing 12 hours	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Only has Cut the Cooties and From food to Physical Activity.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: missing	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Needs signatures.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Needs signature.	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / 3 Year Olds Comments: Germ-x Hand Sanitizer out by the sink.	11/19/2025
Failed - *Matching games-6 (no more than 2 electronic, Classroom Checklist / 3 Year Olds Comments: Missing all 6 sets.	11/19/2025
Failed - Hazardous substances locked, Classroom Checklist / 1 - 2	11/19/2025

Years Comments: Hand sanitizer and dish soap was out by the sink. Staff files were incomplete due to missing information., 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 12/03/25, 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.

Brandi Moss — 11/19/25

Signature of Facility Representative — Date

JAIME BOWMAN — **11/19/25**

Signature of DHR Licensing Representative — Date

COPIES TO: Brandi Moss