

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: WOODLAND PARK CHRISTIAN LEARNING CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 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

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

Pending Correction

Comments: NA

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.

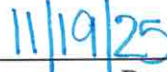
NOTICE: Any misleading or any false statements or reports made to the Department and/or failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of Performance Standards. A facility licensed 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.



Signature of Facility Representative

JAIME BOWMAN

Signature of DHR Licensing Representative



Date

11/19/25

Date

COPIES TO: Brandi Moss