ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: SUNSHINE DAY CARE	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [X]	Date of Visit: 11/20/2025
Facility Address: 2305 65TH STREET, VALLEY, AL, 36854, Chambers	Licensee: TWANA JAMES	Telephone #: (334) 756-3413
Ages: 0 Weeks to 12 Years	Director (if applicable): N/A	Capacity: 12 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Staff does not have a current CA/N form.	Pending Correction
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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 12/04/2025**, 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.

Twanica James
Signature of Facility Representative

11/20/25
Date

ROBIN BUSSIE

_____ 11/20/2025

Signature of DHR Licensing Representative Date

COPIES TO: _____Licensee_____