

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: LINCOLN LEARNING CENTER	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 12/9/2025
Facility Address: 200 MAGNOLIA ST., LINCOLN, AL 35096, Talladega	Licensee: JT ALSUP, INC.	Telephone #: (205) 763-1769
Ages: 6 Weeks to 16 Years	Director (if applicable):	Capacity: 60 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
REPORTED 24 HRS/5 DAYS, Allegation	Pending Correction
Comments: Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: The PreAdmission form is missing complete mailing address	
Failed - Immunization Certificate, Child Checklist	Pending Correction
Comments: The immunization record was not on file at the time of visit	
Facility failed to report a child injury to the Department within 24 hours., Ad Hoc	Pending Correction
Comments: NA	
The daily sign in/out sheets for 12/9/2025 missing full parent signatures, Ad Hoc	Pending Correction
Comments: NA	
A hazard, standing mop water, was present in the 24 months - 36 months classroom while children were present., Ad Hoc	Pending Correction
Comments: NA	
Two staff members present in facility without a staff file: Missing application, references, medical report, TB Skin Test results, verification of education, Ad Hoc	Pending Correction
Comments: NA	
The 4 year old classroom is out of ratio due to staff not having a CAN form, suitability letter and CCDF training hours., Ad Hoc	Pending Correction
Comments: NA	

The Toddler I classroom (18 months - 2 1/2 years) is out of ratio due to staff not having a CAN form, suitability letter and CCDF training hours., Ad Hoc Comments: NA	Pending Correction
Two staff missing the required suitability letter and CAN form, Ad Hoc Comments: NA	Pending Correction
Two staff missing the required CCDF training hours, Ad Hoc Comments: NA	Pending Correction
Some staff not registered in the Alabama Pathways Professional Development registry, 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 _____, 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

12/9/25

Date

BRIDGETTE SMITH

Signature of DHR Licensing Representative

Date

COPIES TO: _____