

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: BIG BIRD DAY CARE CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 12/17/2025
Facility Address: 3829 12TH STREET, N.E., HOLT, AL, 35404, Tuscaloosa	Licensee: BIG BIRD DAY CARE CENTER, INC	Telephone #: (205) 556-4323
Ages: 6 Weeks to 12 Years	Director (if applicable): PEARLIE COLVIN	Capacity: 41 / 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	
The sandbox on the playground is full of leaves and water. , Ad Hoc Comments: NA	10/22/2025
There is a table, on the playground, with the top cracked., Ad Hoc Comments: NA	10/22/2025
The handrails on the steps going to the playground are ruff to touch. , Ad Hoc Comments: NA	10/31/2025
The owner's trainings are incomplete., Ad Hoc Comments: NA	10/24/2025
One staff person has an incomplete CBC. , 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

BRANDUL PERINE

Signature of DHR Licensing Representative

Date

Date

COPIES TO: _____