ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: CHRISTIAN COMMUNITY CHURCH LEARNING CTR	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 12/17/2025
Facility Address: 5600 18TH AVENUE, TUSCALOOSA, AL, 35405, Tuscaloosa	Licensee: CHRISTIAN COMMUNITY CHURCH LEARNING CTR	Telephone #: (205) 345-6990
Ages: 6 Weeks to 14 Years	Director (if applicable): CLARENCE DOMONIQUE SUTTON	Capacity: 60 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Designated space for each grouping of children, Inspection Form Comments: Three classrooms	10/30/2025
Failed - Child care workers/teachers/subs meet qualification and have 12 hours of training within 30 days of employment, Inspection Form Comments: Incomplete	11/3/2025
Failed - Child care workers/teachers/subs meet requirements for Health & Safety training, Inspection Form Comments: Incomplete	11/3/2025
Failed - Service staff not counted in ratio unless they meet qualifications of staff for whom substituting, Inspection Form Comments: Incomplete	11/30/2025
Failed - Character and suitability review conducted on required person (every 5 years), Inspection Form Comments: Four staff incomplete	10/31/2025
Failed - Infants placed on back to sleep unless physician's statement indicates otherwise, Inspection Form Comments: incomplete	10/30/2025
Failed - For infants, clean bottom sheets daily or more often if needed, sheets fit snugly, Inspection Form Comments: incomplete	10/30/2025
Failed - Formula provided by parent, must be labeled, ready to	10/30/2025

feed, and refrigerated, Inspection Form Comments: Bottles not labeled	
Failed - Meals and snacks comply with USDA guidelines, Inspection Form Comments: No vegetable	10/30/2025

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 Date

BRANDUL PERINE

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____