

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: PURPOSE CLUBHOUSE LEARNING ACADEMY	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]           Family [ ] University [ ] Group [ ]	Date of Visit: 2/26/2026
Facility Address: 2141 MAIN STREET, MILLBROOK, AL 36054, Elmore	Licensee: DAVINA TOLVER	Telephone #: (334) 517-4602
Ages: 18 Months to 12 Years	Director (if applicable): DAVINA TOLVER	Capacity: 29            /    NA Day            Night

**SECTION B - DEFICIENCY INFORMATION**

<b><u>Performance Standard Deficiency</u></b> <b><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i></b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
Failed - Outdoor area adjoins or is safely accessible, Inspection Form Comments: There is a mirror and unused flooring on the pathway to the playground.	1/29/2026
Failed - Medical, Staff Checklist Comments: Expired	2/26/2026
Failed - Hazardous substances locked, Classroom Checklist / Classroom A Comments: Hand Sanitizer is not under lock and key in the preschool classroom.	1/29/2026

**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           NA          , 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.**

*[Handwritten Signature]*

\_\_\_\_\_  
**Signature of Facility Representative**

JESSICA VICE

*[Handwritten Date: 2/24/24]*

\_\_\_\_\_  
Date

2/26/26

\_\_\_\_\_  
**Signature of DHR Licensing Representative**

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_ Center \_\_\_\_\_