

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

**SECTION A- IDENTIFYING INFORMATION**

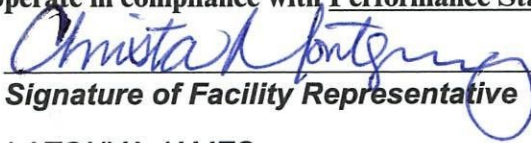
Facility Name: UNION HILL PRIMITIVE BAPTIST CDC	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 3/4/2026
Facility Address: 2115 WINCHESTER ROAD, HUNTSVILLE, AL 35810, Madison	Licensee: UNION HILL PRIMITIVE BAPTIST CHURCH INC	Telephone #: (256) 852-2471
Ages: 6 Weeks to 6 Years	Director (if applicable): CHRISTA IVANA MONTGOMERY	Capacity: 135      NA Day      Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: Staff's training not in Alabama Pathways.	2/20/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: need suitability letter	1/23/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: need can	1/30/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: need can	1/30/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: need correct suitability letter	1/30/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: need correct suitability letter	1/30/2026
Failed - Medical, Staff Checklist Comments: need medical	2/12/2026
Failed - TB Test Date and Results, Staff Checklist Comments: need TB	2/13/2026
Failed - Verification of Education, Staff Checklist Comments: need proof of education	1/23/2026
Failed - References, Staff Checklist Comments: need three references with original signatures.	1/7/2026
Failed - Written Verification of Standards Read, Staff Checklist Comments: need verification of standards read.	1/7/2026

**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 \_\_\_\_\_, 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

LATONYA JAMES

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

  
\_\_\_\_\_  
Date

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