

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: YOUNG WORLD CHRISTIAN ACADEMY I	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 3/12/2026
Facility Address: 2121 JORDAN LANE, HUNTSVILLE, AL 35816, Madison	Licensee: YOUNG WORLD CHRISTIAN ACADEMY I, LLC	Telephone #: (256) 852-3723
Ages: 7 Days to 16 Years/7 Days to 16 Years	Director (if applicable): CHRISTY TERRY	Capacity: 175 / 30 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Three tricycles with missing handlebars	3/12/2026
Failed - 18 up to 2½ years 1 to 7, Inspection Form Comments: upon arrival	3/12/2026
Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: purse hand saintlier Lysol wipes	3/12/2026
Failed - Character and suitability review conducted on required person (every 5 years), Inspection Form Comments: One staff member	Pending Correction
Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / CLASSROOM 3 Comments: incomplete	Pending Correction
Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / CLASSROOM 5 Comments: incomplete	Pending Correction
Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / CLASSROOM 2 Comments: incomplete	Pending Correction
Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / CLASSROOM 6 Comments: incomplete	Pending Correction

Staff files are incomplete., 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

3-13-2006

Date

BRANDUL PERINE

Signature of DHR Licensing Representative

Date

COPIES TO: _____