

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: CROSSROADS LEARNING CENTER	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]           Family [ ] University [ ] Group [ ]	Date of Visit: 3/13/2026
Facility Address: 20823 HIGHWAY 49 SOUTH, NOTASULGA, AL 36866, Tallapoosa	Licensee: CROSSROADS LEARNING CENTER, LLC	Telephone #: (334) 991-9037
Ages: 6 Weeks to 14 Years	Director (if applicable):	Capacity: 104       /    NA Day        Night

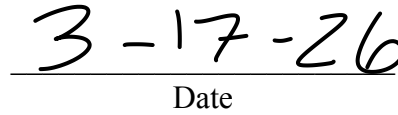
**SECTION B - DEFICIENCY INFORMATION**

<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> On March 13, 2026, in the Infant classroom ( 6 weeks - 18 months) an infant was asleep in a swing, Ad Hoc Comments: NA	Pending Correction
On March 13, 2026, in the 6 weeks - 18 months classroom, adequate lighting was not available. The classroom was too dark, Ad Hoc Comments: NA	Pending Correction
On March 13, 2026, the toddler classroom (18 months - 24 months) was out of ratio. Present were 8 children and 1 teacher, Ad Hoc Comments: NA	Pending Correction
On March 13, 2026, in the toddler classroom (18 months - 24 months) the lunch meal observed was missing the required component of milk, Ad Hoc Comments: NA	Pending Correction
On March 13, 2026, in the preschool classroom (2 1/2 yrs - 3 years) the lunch meal observed was missing the required component of milk, Ad Hoc Comments: NA	Pending Correction
On March 13, 2026, in the preschool classroom 4 yrs - 5 years) the lunch meal observed was missing the required component of milk, 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**

  
\_\_\_\_\_  
Date

BRIDGETTE SMITH

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

\_\_\_\_\_  
Date

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