

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: CANAAN BAPTIST CHURCH KINDERGARTEN	Type of Facility : Center ☒ Day ☒ OST ☐ Night ☐ Family ☐ University ☐ Group ☐	Date of Visit: 7/29/2026
Facility Address: 824 15TH STREET, BESSEMER, AL 35020, Jefferson	Licensee: CANAAN BAPTIST	Telephone #: (205) 428-5565
Ages: 18 Months to 6 Years	Director (if applicable):	Capacity: 74 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Expired	7/22/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Expired	7/10/2026
Failed - TB Test Date and Results, Staff Checklist Comments: Missing	Pending Correction
Failed - Medical, Staff Checklist Comments: Expired	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Missing	7/13/2026
A child (15 months) in the Toddler Classroom is attending the center that is licensed to serve children 18 months - 6 yrs. , 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

SHUNDR NEVELS

Signature of DHR Licensing Representative

Date

COPIES TO: _____