

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: CALVARY LEARNING CENTER, SITE I	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/13/2026
Facility Address: 601 N. MAIN STREET, TUSCUMBIA, AL 35674, Colbert	Licensee: CALVARY BAPTIST CHURCH	Telephone #: (256) 381-6650
Ages: 18 Months to 12 Years	Director (if applicable): PARKER FLEMING	Capacity: 173 NA Day Night

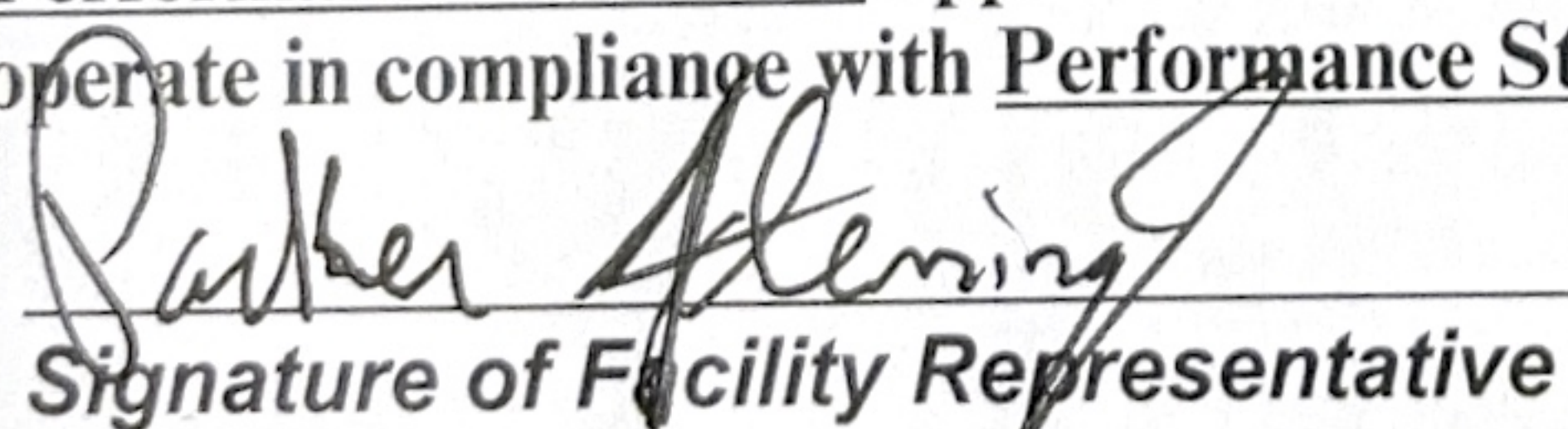
SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
[InspectionSummaryDescription]	
Failed - Vehicle safety check done annually, signed by certified mechanic, dated, and filed in center, Inspection Form Comments: one van vehicle inspection has item to be repaired	8/12/2026
Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: Some cabinets have keys in the lock, and one cabinet lock needs repair.	8/12/2026
Failed - Bio-contaminants shall be stored in a labeled container and disposed of properly, Inspection Form Comments: not observed	8/12/2026
Failed - Medication administered only with written authorization from parent and child's health professional, Inspection Form Comments: observed Medication Authorization form incomplete	8/12/2026
Failed - No blanket authorization forms for medication, Inspection Form Comments: observed medication with "as needed" from the health care professional	8/12/2026
Failed - Fire, Inspection Form Comments: not on file	8/12/2026
Failed - Tornado, Inspection Form Comments: not on file	8/12/2026
Failed - Lockdown, Inspection Form Comments: not on file	8/12/2026

Failed - Relocation, Inspection Form	8/12/2026
Comments: not on file	
Failed - Medical, Staff Checklist	8/12/2026
Comments: not observed	
Failed - TB Test Date and Results, Staff Checklist	8/12/2026
Comments: not observed	
Failed - Suitability Determination (Every 5 years), Staff Checklist	8/12/2026
Comments: not observed	
Failed - Suitability Determination (Every 5 years), Staff Checklist	8/12/2026
Comments: not observed	
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist	8/12/2026
Comments: not observed	
Failed - Medical, Staff Checklist	8/12/2026
Comments: not observed	
Failed - TB Test Date and Results, Staff Checklist	8/12/2026
Comments: not observed	
Failed - Suitability Determination (Every 5 years), Staff Checklist	8/12/2026
Comments: not observed	
Failed - Verification of Education, Staff Checklist	8/12/2026
Comments: not observed	
Failed - Medical, Staff Checklist	8/12/2026
Comments: expired	

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

8-13-2026

 Date

LEA RAE GAINES

 Signature of DHR Licensing
 Representative

8/13/26

 Date

COPIES TO: _____