

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: BONNIE'S ACADEMY	Type of Facility : Center [] Day [X] OST [] Night [] Family [X] University [] Group []	Date of Visit: 07/10/2025
Facility Address: 339 PERSIMMON ROAD, GREENSBORO, AL, 36744, Hale	Licensee: JESSICA HAMILTON	Telephone #: (334) 507-3894
Ages: 6 Weeks to 18 Years	Director (if applicable):	Capacity: 6 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Licensee and each caregiver has current infant-child CPR and first aid certificate copies on file in home, Inspection Form Comments: SUBSTITUTED REQUIRE UPDATED CPR/1ST AID	Pending Correction
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: ONE SUB NOT REGISTERED IN ALABAMA PATHWAYS	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: REQUIRED 4 HOURS OF PERFORMANCE STANDARD TRAINING	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: ADDITIONAL HEALTH AND SAFETY TRAINING REQUIRED: 3,5,6,8 AND 11	Pending Correction
Failed - Infant -Child CPR Certification, Staff Checklist Comments: EXPIRED	Pending Correction
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: EXPIRED	Pending Correction
Failed - References, Staff Checklist	Pending Correction

[Handwritten signature and date 07/16/25]

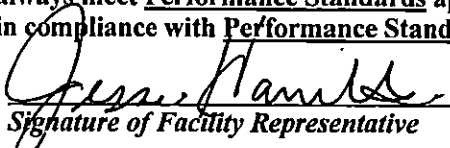
Comments: CONSULTANT WILL REQUEST REFERENCES

Failed - Medical, Staff Checklist
Comments: EXPIRED

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 07/24/25, 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

Oliva Jackson

Signature of DHR Licensing Representative

7-16-25
Date

07/10/25
Date

COPIES TO: ARISE/LICENSEE

