

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: A+ ACADEMY #4	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]        Family [ ] University [ ] Group [ ]	Date of Visit: 7/24/2025
Facility Address: 4415 18TH ST, TUSCALOOSA, AL 35401, Tuscaloosa	Licensee: JOSEPH MORENO	Telephone #: (205) 701-5437
Ages: 6 Weeks to 6 Years	Director (if applicable): JOSEPH MORENO	Capacity: 42        /    NA Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
Failed - Child care workers/teachers/subs meet qualification and have 12 hours of training within 30 days of employment, Inspection Form Comments: incomplete	Pending Correction
Failed - Child care workers/teachers/subs meet requirements for Health & Safety training, Inspection Form Comments: incomplete	Pending Correction
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: incomplete	Pending Correction
Failed - Medical exam and TB test on file at time of employment, Inspection Form Comments: 2 staff incomplete	Pending Correction
Failed - Medical, Staff Checklist Comments: incomplete	Pending Correction
Failed - TB Test Date and Results, Staff Checklist Comments: incomplete	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: incomplete	Pending Correction
Failed - Preadmission Form, Child Checklist	Pending Correction

Comments: incomplete

**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**

Brandul Perine

\_\_\_\_\_  
Date

7/25/25

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

\_\_\_\_\_  
Date

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