

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: ALL GOD'S CHILDREN ACADEMY, INC.	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/16/2025
Facility Address: 3815 OAKWOOD AVENUE, HUNTSVILLE, AL, 35810, Madison	Licensee: ALL GOD'S CHILDREN ACADEMY, INC.	Telephone #: (256) 261-2096
Ages: 6 Weeks to 12 Years	Director (if applicable): CARMEN BOONE	Capacity: 72 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - No child required to watch TV or videos, Inspection Form Comments: Preschool room	Pending Correction
Failed - Drinking water without added sweeteners or carbonation readily available throughout the day, Inspection Form Comments: Incomplete	Pending Correction
Failed - Children seated while eating, Inspection Form Comments: Toddlers room	Pending Correction
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 - Medical exam and TB test on file at time of employment, Inspection Form Comments: Incomplete	Pending Correction
Failed - Infants not seated for more than 15 minutes, Inspection Form Comments: Incomplete	Pending Correction
Failed - Changing area cleaned and disinfected, Inspection Form Comments: Incomplete	Pending Correction
Failed - Medications and drugs kept under lock and key or combination lock, separate from harmful items, Inspection Form Comments: Infant room	9/16/2025

Failed - Medication administered only with written authorization from parent and child's health professional, Inspection Form Comments: infant room	Pending Correction
Failed - Medical, Staff Checklist Comments: Expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Incomplete	Pending Correction
Failed - References, Staff Checklist Comments: one incomplete	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Incomplete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Incomplete	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Incomplete	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Incomplete	Pending Correction
Failed - Medical, Staff Checklist Comments: Expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: 7 hours incomplete	Pending Correction
Failed - Medical, Staff Checklist Comments: Incomplete	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Incomplete	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / Baby Room Comments: Hand sanitizer location body spray	Pending Correction
Failed - Medication locked, Classroom Checklist / Baby Room Comments: Corn starch Butt paste not locked	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

Brandul Perine

Date

***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____