

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

**SECTION A - IDENTIFYING INFORMATION**

|   |  |   |
|---|--|---|
| Facility Name:<br>BONNIE'S ACADEMY                                      | Type of Facility : Center [ ]<br>Day [X]            OST [ ]<br>Night [ ]           Family [X]<br>University [ ]<br>Group [ ] | Date of Visit:<br>10/15/2025                |
| Facility Address:<br>339 PERSIMMON ROAD,<br>GREENSBORO, AL, 36744, Hale | Licensee:<br>JESSICA HAMILTON  | Telephone #:<br>(334) 507-3894              |
| Ages:<br>6 Weeks to 18 Years  | Director (if applicable):  | Capacity:<br>6 / NA<br>Day            Night |

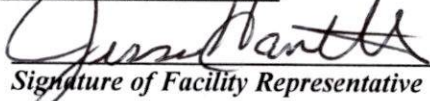
**SECTION B - DEFICIENCY INFORMATION**

| Performance Standard Deficiency<br><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>  | Date Corrected by<br>Licensee |
|---|-------------------------------|
| <b>Deficiency Summary</b>   |                               |
| Failed --Licensee and each caregiver has current infant-child CPR and first aid certificate copies on file in home, Inspection Form<br>Comments: SUBSTITURED REQUIRE UPDATED CPR/1ST AID  | 7/18/2025                     |
| Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form<br>Comments: ONE SUB NOT REGISTERED IN ALABAMA PATHWAYS | 7/18/2025                     |
| Failed - Ongoing Training, Staff Checklist<br>Comments: REQUIRED 4 HOURS OF PERFORMANCE STANDARD TRAINING   | 8/1/2025                      |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: ADDITIONAL HEALTH AND SAFETY TRAINING REQUIRED: 3,5,6,8 AND 11  | 8/1/2025                      |
| Failed - Infant -Child CPR Certification, Staff Checklist<br>Comments: EXPIRED  | 8/1/2025                      |

|   |   |
|---|---|
| Failed - Infant -Child First Aid Certificate, Staff Checklist<br>Comments: EXPIRED                | 8/1/2025  |
| Failed - References, Staff Checklist<br>Comments: CONSULTANT WILL REQUEST REFERENCES              | 8/1/2025  |
| Failed - Medical, Staff Checklist<br>Comments: EXPIRED  | 8/1/2025  |
| Some staff members are not actively participating in Alabama Pathways.,<br>Ad Hoc<br>Comments: NA | <u>10/16/2025</u><br><i>incomplete as of</i><br><i>10/21/25</i> |

**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 10/20/25, 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

Olivia Jackson

10-24-25  
\_\_\_\_\_  
Date

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

10/15/25  
\_\_\_\_\_  
Date

COPIES TO: Licensee/Arise