

**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: 10/15/2025
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> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
All deficiencies corrected effective 10/28/25.	
Failed - Licensee and each caregiver has current infant-child CPR and first aid certificate copies on file in home, Inspection Form 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 Comments: ONE SUB NOT REGISTERED IN ALABAMA PATHWAYS	7/18/2025
Failed - Ongoing Training, Staff Checklist Comments: REQUIRED 4 HOURS OF PERFORMANCE STANDARD TRAINING	8/1/2025
Failed - Health and Safety Training, Staff Checklist Comments: ADDITIONAL HEALTH AND SAFETY TRAINING REQUIRED: 3,5,6,8 AND 11	8/1/2025
Failed - Infant -Child CPR Certification, Staff Checklist Comments: EXPIRED	8/1/2025
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: EXPIRED	8/1/2025
Failed - References, Staff Checklist	8/1/2025

Comments: CONSULTANT WILL REQUEST REFERENCES

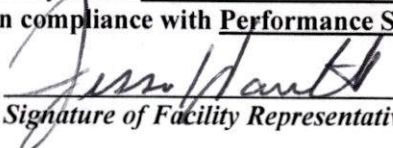
Failed - Medical, Staff Checklist
Comments: EXPIRED

8/1/2025

Some staff members are not actively participating in Alabama Pathways., 10/28/2025
Ad Hoc
Comments: NA

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 10/15/25, 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

COPIES TO:

Provider/Anse

10/15/25 / 10/28/25
Date

10/15/25 / 10/28/25
Date