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

**SECTION A- IDENTIFYING INFORMATION**

| | | |
|---|---|---|
| Facility Name:<br>HOLY FAMILY SCHOOL--PRE-K | Type of Facility : Center [X]<br>Day [X] OST [ ]<br>Night [ ] Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>11/4/2025 |
| Facility Address:<br>2300 BEASLEY AVE NW,<br>HUNTSVILLE, AL 35816, Madison | Licensee:<br>HOLY FAMILY SCHOOL | Telephone #:<br>(256) 539-5221 |
| Ages:<br>4 Years to 5 Years | Director (if applicable):<br>JAMES BELL | Capacity:<br>18 / NA<br>Day Night |

**SECTION B - DEFICIENCY INFORMATION**

| **Performance Standard Deficiency**<br>***HAZARDS MUST BE CORRECTED IMMEDIATELY**** | **Date Corrected by Licensee** |
|---|---|
| **Deficiency Summary** | |
| 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<br>Comments: Facility does not have training in Alabama Pathways. | 9/26/2025 |
| Failed - Shade and sun areas provided, Inspection Form<br>Comments: need shade area. | 9/24/2025 |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: need current health and safety training | 11/12/2025 |
| Failed - CA/N Clearance Form (Every Five Years), Staff Checklist<br>Comments: need updated ca/n | 9/26/2025 |
| Failed - Medical, Staff Checklist<br>Comments: need medical | 11/10/2025 |
| Failed - TB Test Date and Results, Staff Checklist<br>Comments: need TB | 11/10/2025 |

| | |
|---|---|
| Failed - Verification of Education, Staff Checklist<br>Comments: Proof of education | 11/4/2025 |
| Failed - References, Staff Checklist<br>Comments: need references | 11/4/2025 |
| Failed - CA/N Clearance Form (Every Five Years), Staff Checklist<br>Comments: need can | 9/26/2025 |
| Failed - Suitability Determination (Every 5 years), Staff Checklist<br>Comments: need updated suitability letter | 11/4/2025 |
| Failed - Written Verification of Standards Read, Staff Checklist<br>Comments: need verification that standards are read | 11/4/2025 |
| Failed - Medical, Staff Checklist<br>Comments: need medical | 9/19/2025 |
| Failed - TB Test Date and Results, Staff Checklist<br>Comments: need TB | 11/10/2025 |
| Failed - Verification of Education, Staff Checklist<br>Comments: need proof of education | 9/19/2025 |
| Failed - References, Staff Checklist<br>Comments: need references | 9/19/2025 |
| Failed - CA/N Clearance Form (Every Five Years), Staff Checklist<br>Comments: need ca/n | 9/19/2025 |
| Failed - Suitability Determination (Every 5 years), Staff Checklist<br>Comments: need suitability letter | 11/4/2025 |

**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** N/A **, 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.**

Robin Lockwood — 11/13/2025

***Signature of Facility Representative*** — Date

*LATONYA JAMES*

***Signature of DHR Licensing Representative*** — **11/12/2025** Date

COPIES TO: ___Robin Lockwood_____