

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: A + ACADEMY #5	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]           Family [ ] University [ ] Group [ ]	Date of Visit: 11/14/2025
Facility Address: 2712 31ST STREET ENSLEY, BIRMINGHAM, AL 35228, Jefferson	Licensee: JOSEPH MORENO	Telephone #: (205) 701-5437
Ages: 6 Weeks to 12 Years	Director (if applicable): JOSEPH MORENO	Capacity: 60        /    NA Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency</b> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by</b> <b>Licensee</b>
<b>Deficiency Summary</b>	
Failed - Equipment not designed to be portable, securely anchored, Inspection Form Comments: climbing apparatus not anchored	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - Written Verification of Standards Read, Staff Checklist Comments: incorrect form	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: expired	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: expired	Pending Correction
Failed - Medical, Staff Checklist Comments: incomplete	Pending Correction
Failed - Medical, Staff Checklist Comments: incomplete	Pending Correction
Failed - TB Test Date and Results, Staff Checklist Comments: incomplete	Pending Correction
Failed - References, Staff Checklist Comments: incomplete	Pending Correction
Failed - Medical, Staff Checklist Comments: incomplete	Pending Correction
Failed - TB Test Date and Results, Staff Checklist Comments: incomplete	Pending Correction
Failed - Medical, Staff Checklist	Pending Correction

Comments: incomplete Failed - TB Test Date and Results, Staff Checklist	Pending Correction
Comments: incomplete Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / ROOM 1B	Pending Correction
Comments: Two shelves	

**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**

\_\_\_\_\_  
Date

*BRANDUL PERINE*

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

\_\_\_\_\_  
Date

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