

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: ROBBIE'S MIRACLE CHRISTIAN ACADEMY ,LLC	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 11/20/2025
Facility Address: 970 FORESTDALE BLVD, BIRMINGHAM, AL 35214, Jefferson	Licensee: ROBBIE'S MIRACLE CHRISTIAN ACADEMY	Telephone #: (205) 201-4689
Ages: 0 Weeks to 5 Years	Director (if applicable): ADRIAN J WASHINGTON	Capacity: 32 / 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	
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form	11/20/2025
Comments: There was a board on the porch with nails sticking out. There was a broken swing with jagged edges. There was a dirty mop and bucket on the playground.	
Failed - Infant -Child CPR Certification, Staff Checklist	Pending Correction
Comments: no staff has current Infant/child CPR and First aid.	
Failed - Infant -Child First Aid Certificate, Staff Checklist	Pending Correction
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Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: needs signatures.	
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Comments: needs signatures.	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: missing information.	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: missing page 2	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: missing	
Failed - Hazardous substances locked, Classroom Checklist / Tigers/Bears	11/20/2025
Comments: Hand sanitizer was sitting on the desk.	
Failed - Hazardous substances locked, Classroom Checklist / Lions	11/20/2025
Comments: Lysol wipes and hand sanitizer was on the book shelf.	

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 12/04/25, 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

JAIME BOWMAN

Date

11/20/25

Signature of DHR Licensing Representative

Date

COPIES TO: Adrian Washington