

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

SECTION A- IDENTIFYING INFORMATION

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| Facility Name: A + ACADEMY #5 | Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group [] | Date of Visit: 12/1/2025 |
| 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

| Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY* | Date Corrected by Licensee |
|---|---|
| Deficiency Summary | |
| Failed - Equipment not designed to be portable, securely anchored, Inspection Form Comments: climbing apparatus not anchored | 11/22/2025 |
| 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 | 11/22/2025 |
| 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 | 11/22/2025 |
| Comments: Two shelves There are blankets in two infants sleeping environment., Ad Hoc | Pending Correction |
| Comments: NA There are no bottom sheets on cots in the infant room. , Ad Hoc | Pending Correction |
| 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 _____, 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: _____