

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: A+ ACADEMY	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 2/10/2026
Facility Address: 2015 28TH AVENUE, TUSCALOOSA, AL 35401, Tuscaloosa	Licensee: A+ ACADEMY CHILDCARE NETWORK LLC	Telephone #: (205) 701-5437
Ages: 6 Weeks to 12 Years	Director (if applicable): ERICA WILLIAMS	Capacity: 90 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	<u>Date Corrected by Licensee</u>
Deficiency Summary ILLNESS AND INJURY, Allegation	Pending Correction
Comments: There are four classrooms out of ratio due to staff with incomplete files., Ad Hoc	Pending Correction
Comments: NA On February 2,2026, one staff in ratio during the time of an incident, did not have the correct CBC. , Ad Hoc	Pending Correction
Comments: NA In classroom #5 the temperature is below 68 degrees. , 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.

Joseph Moore

Signature of Facility Representative

BRANDUL PERINE

Signature of DHR Licensing Representative

2/10/2026

Date

Date

COPIES TO: _____