

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: BRENDA ABRAMS	Type of Facility : Center [] Day [X] OST [] Night [X] Family [] University [] Group [X]	Date of Visit: 2/5/2026
Facility Address: 6530 JOHNSON ROAD, TUSCALOOSA, AL, 35401, Tuscaloosa	Licensee: BRENDA ABRAMS	Telephone #: (205) 632-5329
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable): NA	Capacity: 12 / 5 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 - Ongoing Training, Staff Checklist Comments: Provider is missing 8 hrs of Ongoing Training.	2/9/2026
Failed - Health and Safety Training, Staff Checklist Comments: Provider is missing Health & Safety Training.	2/9/2026
Failed - Health and Safety Training, Staff Checklist Comments: Substitute is missing Health & Safety Training.	2/9/2026
Failed - Health and Safety Training, Staff Checklist Comments: Assistant is missing Health & Safety Training.	2/9/2026
Failed - Health and Safety Training, Staff Checklist Comments: Substitute is missing Health & Safety Training.	2/9/2026

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.



Signature of Facility Representative

CYNTHIA BROWN

Signature of DHR Licensing Representative

02/13/2026

Date

02/13/2026

Date

COPIES TO: Licensee