

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: BONNIE'S ACADEMY	Type of Facility : Center [ ] Day [X]            OST [ ] Night [ ]           Family [X] University [ ] Group [ ]	Date of Visit: 2/20/2026
Facility Address: 339 PERSIMMON ROAD, GREENSBORO, AL 36744, Hale	Licensee: JESSICA HAMILTON	Telephone #: (334) 507-3894
Ages: 6 Weeks to 18 Years	Director (if applicable): NA	Capacity: 6            /    NA Day            Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency</b> <b><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i></b>	<b>Date Corrected by</b> <b>Licensee</b>
<b>Deficiency Summary</b>	
Failed - Certificate of rabies vaccination, Inspection Form Comments: Family dog missing rabies papers.	1/30/2026
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Provider's CPR has expired.	1/19/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: Provider's First Aid has expired.	1/19/2026
Failed - Application, Staff Checklist Comments: Substitute missing their application.	2/3/2026
Failed - Medical, Staff Checklist Comments: Provider's medical form has expired.	1/30/2026
Failed - Immunization Certificate, Child Checklist Comments: Child is missing Immunization Form.	1/30/2026
Failed - Immunization Certificate, Child Checklist Comments: Child missing the correct Immunization Form.	1/30/2026
Failed - Immunization Certificate, Child Checklist Comments: Child missing Immunization Form.	1/30/2026
Failed - Immunization Certificate, Child Checklist Comments: Child is missing Immunization Form.	1/30/2026

**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 NA, 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.**

Jessica Hamilton  
***Signature of Facility Representative***

**02/20/2026**  
Date

CYNTHIA BROWN

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***Signature of DHR Licensing Representative***

**02/20/2026**  
Date

COPIES TO: \_Licensee