

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: A+ ACADEMY	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 3/6/2026
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*	Date Corrected by Licensee
Deficiency Summary	
ILLNESS AND INJURY, Allegation	2/20/2026
Comments: There are four classrooms out of ratio due to staff with incomplete files., Ad Hoc	3/6/2026
Comments: NA On February 2,2026, one staff in ratio during the time of an incident, did not have the correct CBC. , Ad Hoc	3/6/2026
Comments: NA In classroom #5 the temperature is below 68 degrees. , Ad Hoc	2/20/2026
Comments: NA The children do not have bottom sheets on cots, 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

BRANDUL PERINE

Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____