

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: ROBBIE'S MIRACLE CHRISTIAN ACADEMY ,LLC	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]        Family [ ] University [ ] Group [ ]	Date of Visit: 3/11/2026
Facility Address: 970 FORESTDALE BLVD, BIRMINGHAM, AL 35214, Jefferson	Licensee: ROBBIE'S MIRACLE CHRISTIAN ACADEMY	Telephone #: (205) 201-4689
Ages: 0 Weeks to 5 Years	Director (if applicable): ADRIAN J WASHINGTON	Capacity: 32        /    NA Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
<u>Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form</u>	<u>11/20/2025</u>
<u>Comments: There was a board on the porch with nails sticking out. There was a broken swing with jagged edges. There was a dirty mop and bucket on the playground.</u>	
<u>Failed - Infant -Child CPR Certification, Staff Checklist</u>	<u>1/23/2026</u>
<u>Comments: no staff has current Infant/child CPR and First aid.</u>	
<u>Failed - Infant -Child First Aid Certificate, Staff Checklist</u>	<u>1/23/2026</u>
<u>Comments: no staff has current Infant/child CPR and First aid.</u>	
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<u>Failed - Infant -Child First Aid Certificate, Staff Checklist</u>	<u>1/23/2026</u>
<u>Comments: no staff has current Infant/child CPR and First aid.</u>	
<u>Failed - Preadmission Form, Child Checklist</u>	<u>1/9/2026</u>
<u>Comments: needs signatures.</u>	
<u>Failed - Preadmission Form, Child Checklist</u>	<u>1/9/2026</u>

<u>Comments: needs signatures.</u>	
<u>Failed - Preadmission Form, Child Checklist</u>	<u>1/9/2026</u>
<u>Comments: missing information.</u>	
<u>Failed - Preadmission Form, Child Checklist</u>	<u>12/5/2025</u>
<u>Comments: missing page 2</u>	
<u>Failed - Preadmission Form, Child Checklist</u>	<u>12/5/2025</u>
<u>Comments: missing</u>	
<u>Failed - Hazardous substances locked, Classroom Checklist / Bears</u>	<u>11/20/2025</u>
<u>Comments: Hand sanitizer was sitting on the desk.</u>	
<u>Failed - Hazardous substances locked, Classroom Checklist / Lions</u>	<u>11/20/2025</u>
<u>Comments: Lysol wipes and hand sanitizer was on the book shelf.</u>	
<u>There was hand sanitizer and Lysol spray not under lock and key in the infant/toddler and 4–5-year old rooms. , Ad Hoc</u>	<u>12/18/2025</u>
<u>Comments: NA</u>	
<u>There was Lysol spray not under lock and key in the infant/toddler and the three-year-old rooms., Ad Hoc</u>	<u>1/9/2026</u>
<u>Comments: NA</u>	
<u>Upon arrival, there were five (5) children ages two and one half (2 1/2) years to three (3) years left unsupervised for an undetermined amount of time while napping in the two year old room. , Ad Hoc</u>	<u>2/27/2026</u>
<u>Comments: NA</u>	
<u>There were three (3) four (4) year old children left unsupervised when staff left to get unsupervised children in the two-year-old room., Ad Hoc</u>	<u>2/27/2026</u>
<u>Comments: NA</u>	
<u>Sheets did not fit snugly in the cribs in the infant room., Ad Hoc</u>	<u>Pending Correction</u>
<u>Comments: NA</u>	
<u>On January 9, 2026, there were three (3) four (4) year old children unsupervised when staff left the classroom., Ad Hoc</u>	<u>Pending Correction</u>
<u>Comments: NA</u>	

**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 03/25/26, 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***

***JAIME BOWMAN***

**Date**

**3/11/26**

***Signature of DHR Licensing  
Representative***

Date

COPIES TO: Adrian Washington