

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: BRIDGEWAY ACADEMY	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 5/5/2026
Facility Address: 110 BAKER RD, SATSUMA, AL 36572, Mobile	Licensee: BRIDGEWAY ACADEMY	Telephone #: (251) 586-8024
Ages: 6 Weeks to 12 Years	Director (if applicable): MISSY NOLEN	Capacity: 86 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - TB Test Date and Results, Staff Checklist Comments: 5/5/26 Missing date	Pending Correction
Failed - Medical, Staff Checklist Comments: 5/5/26 No date	Pending Correction
Failed - Medical, Staff Checklist Comments: 5/5/26 Expired	Pending Correction
Failed - TB Test Date and Results, Staff Checklist Comments: 5/5/26 No date	Pending Correction
Failed - TB Test Date and Results, Staff Checklist Comments: 5/5/26 No date	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: 5/5/26 Missing 11 hours	Pending Correction
Failed - Medical, Staff Checklist Comments: 5/5/26 Expired	Pending Correction
Failed - TB Test Date and Results, Staff Checklist Comments: 5/5/26 No date	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: 5/5/26 Incomplete	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: 5/5/26 Incomplete	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: 5/5/26 Incomplete	Pending Correction
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Failed - Preadmission Form, Child Checklist Comments: 5/5/26 Incomplete	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: 5/5/26 Incomplete	Pending Correction

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.

Jayla Taylor

Signature of Facility Representative

Date

LaDanika York

Signature of DHR Licensing Representative

Date

COPIES TO: _____