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

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
CORRECTED DEFICIENCIES VERIFIED THROUGH ARISE.	
Failed - TB Test Date and Results, Staff Checklist Comments: 5/5/26 Missing date	5/19/2026
Failed - Medical, Staff Checklist Comments: 5/5/26 No date	5/26/2026
Failed - Medical, Staff Checklist Comments: 5/5/26 Expired	5/19/2026
Failed - TB Test Date and Results, Staff Checklist Comments: 5/5/26 No date	5/19/2026
Failed - TB Test Date and Results, Staff Checklist Comments: 5/5/26 No date	5/19/2026
Failed - Health and Safety Training, Staff Checklist Comments: 5/5/26 Missing 11 hours	5/18/2026
Failed - Medical, Staff Checklist Comments: 5/5/26 Expired	5/19/2026
Failed - TB Test Date and Results, Staff Checklist Comments: 5/5/26 No date	5/19/2026
Failed - Preadmission Form, Child Checklist Comments: 5/5/26 Incomplete	5/19/2026
Failed - Preadmission Form, Child Checklist Comments: 5/5/26 Incomplete	5/19/2026
Failed - Preadmission Form, Child Checklist Comments: 5/5/26 Incomplete	5/19/2026
Failed - Preadmission Form, Child Checklist	5/19/2026

Comments: 5/5/26 Incomplete	
Failed - Preadmission Form, Child Checklist Comments: 5/5/26 Incomplete	5/19/2026
Failed - Preadmission Form, Child Checklist Comments: 5/5/26 Incomplete	5/19/2026
Failed - Preadmission Form, Child Checklist Comments: 5/5/26 Incomplete	5/19/2026
Failed - Preadmission Form, Child Checklist Comments: 5/5/26 Incomplete	5/19/2026
Failed - Preadmission Form, Child Checklist Comments: 5/5/26 Incomplete	5/19/2026
Failed - Preadmission Form, Child Checklist Comments: 5/5/26 Incomplete	5/19/2026
Failed - Preadmission Form, Child Checklist Comments: 5/5/26 Incomplete	5/19/2026
Failed - Preadmission Form, Child Checklist Comments: 5/5/26 Incomplete	5/19/2026
Failed - Preadmission Form, Child Checklist Comments: 5/5/26 Incomplete	5/19/2026

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 __________________, 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	May 26, 2026 Date
LaDanika York ***Signature of DHR Licensing Representative***	Date

COPIES TO: ____________________________