

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: LIGHTHOUSE ACADEMY OF EXCEL. & ACHVMT II	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 6/9/2026
Facility Address: 9901 TOM WALLER ROAD, GRAND BAY, AL 36541, Mobile	Licensee: LIGHTHOUSE CHURCH OF THE APOSTOLIC FAITH	Telephone #: (251) 957-2500
Ages: 1 Months to 1 Years	Director (if applicable): TINERA NELSON	Capacity: 120 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: 6/9/26 All staff not enrolled in Alabama Pathways.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: 6/9/26 Missing documentation	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.

Tinera Nelson

6/9/2026

Signature of Facility Representative

Date

LaDanika York

6/9/2026

***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____