

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: CORNERSTONE ELEMENTARY SCHOOL	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 5/21/2026
Facility Address: 118 55TH STREET N, BIRMINGHAM, AL 35212, Jefferson	Licensee: CORNERSTONE SCHOOLS OF ALABAMA	Telephone #: (205) 591-7600
Ages: 4 Years to 12 Years	Director (if applicable): FRANK THERESA	Capacity: 72 , NA Day Night

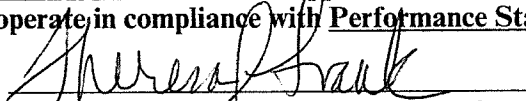
SECTION B - DEFICIENCY INFORMATION

<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: incomplete	9/30/2026
Failed - Photo ID Verification, Staff Checklist Comments: incomplete	7/13/2026
Failed - References, Staff Checklist Comments: incomplete	7/13/2026
Failed - Ongoing Training, Staff Checklist Comments: incomplete	7/13/2026
Failed - Health and Safety Training, Staff Checklist Comments: incomplete	7/13/2026
Failed - Photo ID Verification, Staff Checklist Comments: incomplete	7/13/2026
Failed - References, Staff Checklist Comments: incomplete	7/13/2026
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Failed - Photo ID Verification, Staff Checklist Comments: incomplete	7/13/2026
Failed - References, Staff Checklist Comments: incomplete	7/13/2026

Failed - Ongoing Training, Staff Checklist	7/13/2026
Comments: incomplete	
Failed - Health and Safety Training, Staff Checklist	7/13/2026
Comments: incomplete	
Failed - Photo ID Verification, Staff Checklist	4/15/2026
Comments: incomplete	
Failed - References, Staff Checklist	4/15/2026
Comments: incomplete	
Failed - Ongoing Training, Staff Checklist	7/13/2026
Comments: incomplete	
Failed - Health and Safety Training, Staff Checklist	7/13/2026
Comments: incomplete	

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

Date

BRANDUL PERINE

Signature of DHR Licensing Representative

Date

COPIES TO: _____