

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: SHINING STARS ACADEMY	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 6/17/2026
Facility Address: 712 18TH SN, BESSEMER, AL 35020, Jefferson	Licensee: TALESHA JACKSON	Telephone #: (205) 424-3209
Ages: 6 Weeks to 12 Years	Director (if applicable): TALESHA JACKSON	Capacity: 54 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
There were no deficiencies noted or observed during today's visit.	
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: On 5/28/26, some staff were missing from Alabama Pathways and current trainings were not uploaded.	7/27/2026
Failed - Child care workers/teachers/subs meet qualification and have 12 hours of training within 30 days of employment, Inspection Form Comments: On 5/28/26, all staff were missing the ongoing training hours.	7/6/2026
Failed - Individual records on each child on file on first day of attendance, Inspection Form Comments: On 5/28/26, children's files were incomplete or missing.	6/17/2026
Failed - Preadmission Form, Child Checklist Comments: On 5/28/26, there were signatures were missing from page two (2).	6/1/2026
Failed - Immunization Certificate, Child Checklist Comments: On 5/28/26, the immunization certificate was missing.	6/2/2026

Failed - Preadmission Form, Child Checklist 6/1/2026
Comments: On 5/28/26, there were signatures were missing from page two (2).

Failed - Immunization Certificate, Child Checklist 6/1/2026
Comments: On 5/28/26, the immunization certificate was expired.

Failed - Immunization Certificate, Child Checklist 6/22/2026
Comments: On 5/28/26, the immunization certificate was expired.

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 _____n/a_____, 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

AJOIA MCGHEE

Date

7/27/26

Signature of DHR Licensing Representative

Date

COPIES TO: Center