ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: GLAD TIDINGS DAY CARE	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 8/6/2026
Facility Address: 1400 BRISBANE AVENUE, BIRMINGHAM, AL 35214, Jefferson	Licensee: GLAD TIDINGS CHURCH, INC.	Telephone #: (659) 281-9407
Ages: 2 Years to 14 Years	Director (if applicable): KATRINA M JOHNSON	Capacity: 50 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form Comments: Only one staff with a current CPR training	Pending Correction
Failed - Medical, Staff Checklist Comments: No signature by the health professional	Pending Correction
Failed - Verification of Education, Staff Checklist Comments: No verification provider in the file	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Not present in the file	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing 7 hrs	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing in the file	Pending Correction
Failed - Medical, Staff Checklist Comments: Missing signature from health professional	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing 12 hrs	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing 5-11	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing 5-11	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing 5-11	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist	Pending Correction

Comments: Expired Failed - Health and Safety Training, Staff Checklist Comments: Missing 5-11	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.

Katrina Johnson _____ 08/06/2026 _____

Signature of Facility Representative Date

SHUNDR NEVELS

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____