

**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: 9/11/2026
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

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	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	8/27/2026
Failed - Medical, Staff Checklist Comments: No signature by the health professional	8/13/2026
Failed - Verification of Education, Staff Checklist Comments: No verification provider in the file	8/27/2026
Failed - Health and Safety Training, Staff Checklist Comments: Not present in the file	8/27/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing 7 hrs	8/27/2026
Failed - Health and Safety Training, Staff Checklist Comments: Missing in the file	8/27/2026
Failed - Medical, Staff Checklist Comments: Missing signature from health professional	8/13/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing 12 hrs	8/27/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing 5-11	8/27/2026
Failed - Health and Safety Training, Staff Checklist Comments: Missing 5-11	8/27/2026
Failed - Health and Safety Training, Staff Checklist Comments: Missing 5-11	8/27/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist	8/27/2026

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

8/21/2026

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.

Katrina M. Johnson

Signature of Facility Representative

September 14, 2026

Date

SHUNDR NEVELS

Signature of DHR Licensing Representative

09/11/2026

Date

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