

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: REBIRTH CHRISTIAN ACADEMY	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/24/2026
Facility Address: 700 23RD AVENUE N.W., BIRMINGHAM, AL 35215, Jefferson	Licensee: REBIRTH CHRISTIAN ACADEMY	Telephone #: (205) 777-4804
Ages: 6 Weeks to 13 Years	Director (if applicable): DJUNA K TAYLOR	Capacity: 51 / 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 - 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 9/24/26, all staff were not enrolled in Alabama Pathways.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: On 9/4/26, ongoing training hours were missing.	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: On 9/24/26, the health and safety trainings were expired.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: On 9/24/26, ongoing training hours were missing.	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: On 9/24/26, the health and safety trainings were expired.	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: On 9/24/26, health and safety training hours were missing.	Pending Correction

Failed - Ongoing Training, Staff Checklist Comments: On 9/24/26, ongoing training hours were missing.	Pending Correction
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Failed - Health and Safety Training, Staff Checklist Comments: On 9/24/26, health and safety training hours were expired.	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 10/8/26, 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

9/24/26

Signature of DHR Licensing Representative

Date

COPIES TO: Center