SECTION A- IDENTIFYING INFORMATION

Facility Name: A+ ACADEMY #2	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 10/6/2026
Facility Address: 831 8TH ST THOMAS, BIRMINGHAM, AL 35214, Jefferson	Licensee: JOSEPH MORENO	Telephone #: (205) 701-5437
Ages: 6 Weeks to 5 Years	Director (if applicable): JOSEPH MORENO	Capacity: 81 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary *Failed - Thermometer in each area used by children, Inspection Form* *Comments: incomplete*	Pending Correction
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form *Comments: There are hazards outside the back door before entering the playground (paint buckets old playground equipment etc.)*	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 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 operate in compliance with Performance Standards.**

_____ 10/6/26

Signature of Facility Representative Date