

**ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT**

SECTION A- IDENTIFYING INFORMATION

Facility Name: LITTLE GENIUS LEARNING ACADEMY	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 7/23/2025
Facility Address: 3700 BLUE SPRINGS ROAD SUITE N, HUNTSVILLE, AL, 35810, Madison	Licensee: DIONDRA THOMAS	Telephone #: (256) 698-3517
Ages: 6 Weeks to 12 Years	Director (if applicable): DIONDRA THOMAS	Capacity: 60 , NA Day Night

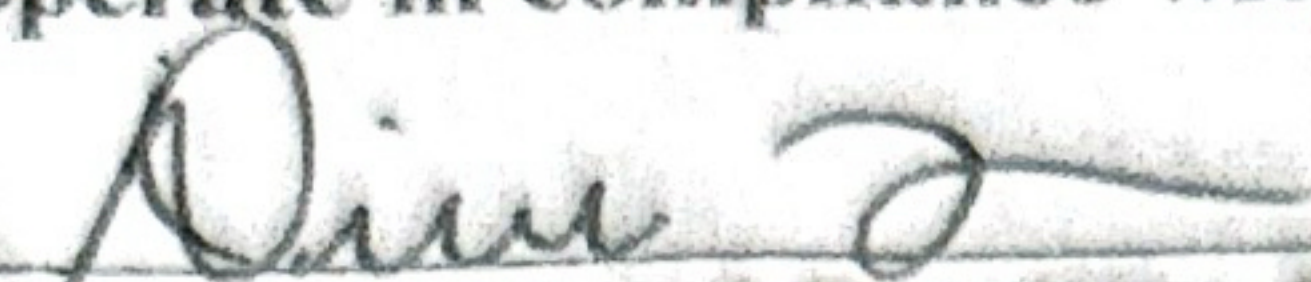
SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: no upload	7/23/2025
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: no upload	7/23/2025
Failed - Health and Safety Training, Staff Checklist Comments: Does not have current health and safety	7/31/2025
Failed - Immunization Certificate, Child Checklist Comments: expired 06/25/2025	7/31/2025
Failed - Preadmission Form, Child Checklist Comments: not filled out completely.	8/1/2025
Failed - Barriers around heaters, fans, Classroom Checklist / Pre-Toddler Comments: No barrier around fan accessible to children.	7/23/2025

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**.


Signature of Facility Representative

8/1/25
Date

LaTonya James

Signature of DHR Licensing Representative

Date

COPIES TO: _____