

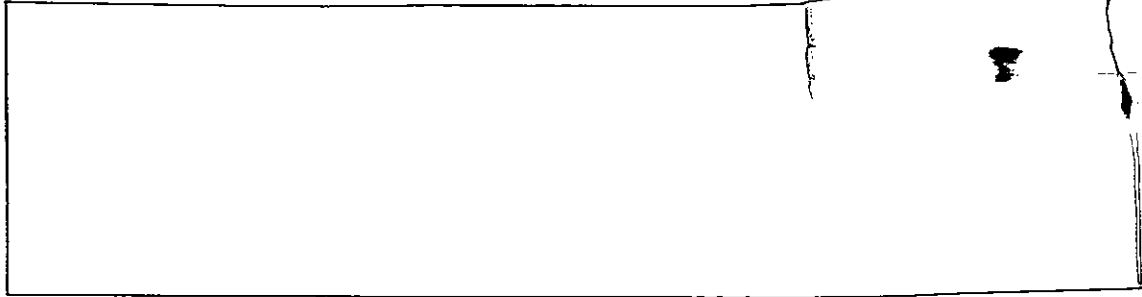
**ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT**

SECTION A - IDENTIFYING INFORMATION

Facility Name: HOOPER CHILD CARE & EARLY LEARNING CTR	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 12/11/2025
Facility Address: 360 FISCHER ROAD, HOPE HULL, AL 36043, Montgomery	Licensee: WEST MONTGOMERY EDUCATIONAL FOUNDATION	Telephone #: (334) 288-2770
Ages: 6 Weeks to 14 Years	Director (if applicable): Salina Guest	Capacity: 232 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
No new deficiencies found at time of visit.	
STAFF-CHILD RATIO, Allegation Comments:	12/11/2025
DHR representative observed on live video footage from 7:07am-7:14am on November 18, 2025 in the 3A classroom there were 26 children ages 3-12 years old with one staff., Ad Hoc Comments: NA	12/11/2025
In the nursery there was an infant drinking from a propped bottle on their chest while laying in a crib. , Ad Hoc Comments: NA	11/26/2025
In the 3A classroom there was a three-year-old child eating pancakes straight off of the table., Ad Hoc Comments: NA	11/26/2025
DHR representative observed on live video footage from 7:23am-7:28am on November 18, 2025 in the 3A classroom there were 38 children ages 3-12 years old with three staff in a room that measures for 22., Ad Hoc Comments: NA	12/11/2025



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.

Stacy Gourli
Signature of Facility Representative

12/15/2025
Date

LEANNA TOWERY

Signature of DHR Licensing Representative

12/11/2025
Date

COPIES TO: director

