

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

SECTION A- IDENTIFYING INFORMATION

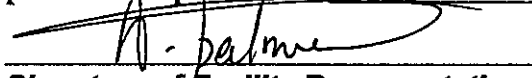
Facility Name: ACADEMIC SUCCESS ACADEMY	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 1/8/2026
Facility Address: 5850 Main Street, Millbrook, AL 36054, Elmore	Licensee: ACADEMIC SUCCESS ACADEMY LLC	Telephone #: (334) 290-8100
Ages: 6 Weeks to 12 Years	Director (if applicable):	Capacity: 68 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	<u>Date Corrected by Licensee</u>
Deficiency Summary	
The 3-5 year classroom is out of ratio 15 children to 1 staff member., Ad Hoc Comments: NA	1/8/2026
An infant was sleeping in a seat placed in a crib in the 6- weeks to 18- month classroom. , Ad Hoc Comments: NA	1/8/2026
Blankets are being used in the cribs in the 6 -week to 18 -month classroom., Ad Hoc Comments: NA	1/8/2026
A staff purse was not under lock and key in the 6 -weeks to 18 -month classroom., Ad Hoc Comments: NA	1/8/2026
The plugs are missing protective covers throughout the facility., Ad Hoc Comments: NA	1/8/2026
One toilet is not working in the facility., Ad Hoc Comments: NA	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 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

JESSICA VICE

Signature of DHR Licensing Representative

01/08/2026

Date

01/08/2026

Date

COPIES TO: _____ Staff in Charge _____