

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

SECTION A- IDENTIFYING INFORMATION

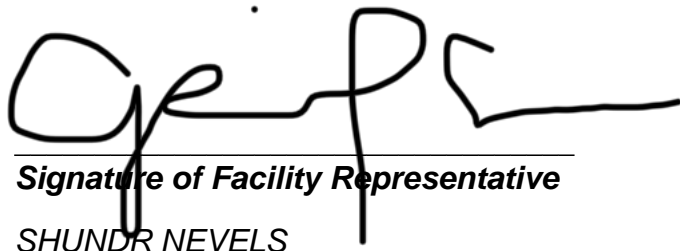
Facility Name: CARSON LEARNING ACADEMY, LLC	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 2/11/2026
Facility Address: 1618 BOYKIN BLVD., MOBILE, AL 36605, Mobile	Licensee: APRIL CARSON	Telephone #: (251) 408-9983
Ages: 6 Weeks to 12 Years	Director (if applicable): APRIL RASHAUN CARSON	Capacity: 56 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: Several active ant beds and one small grill next to the ac unit barrier	2/11/2026
Failed - Driver signs checklist, indicating he/she has checked each seat, Inspection Form Comments: Missing signatures	2/11/2026
Failed - Hazardous substances locked, Classroom Checklist / The Tiny Tot Infants Comments: Staff belongings were not under lock and key/ combination lock	2/11/2026

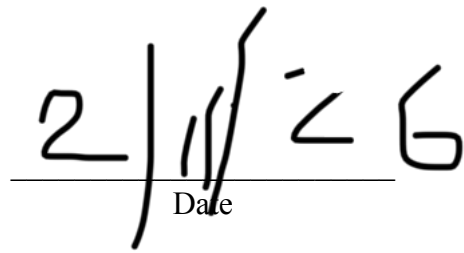
INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must put the date of correction and his/her initials in Column 2. This form must be returned to the Department of Human Resources 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

SHUNDR NEVELLS



Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____