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: 3/6/2026
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 - Center free of apparent hazards, Inspection Form Comments: Floor in infant classroom is tearing.	3/6/2026
Failed - Preadmission Form, Child Checklist Comments: Doctor's information is missing.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Doctor's information is missing.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Missing signature on page 2.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Doctor's information is missing.	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 _03/20/26_____, 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.

Diondra Thomas	3/6/26
Signature of Facility Representative	Date
AJOIA MCGHEE	**3/6/26**
Signature of DHR Licensing Representative	Date

COPIES TO: ____Center_____