

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: LA PETITE ACADEMY	Type of Facility : Center ☒ Day ☒ OST ☐ Night ☐ Family ☐ University ☐ Group ☐	Date of Visit: 3/4/2026
Facility Address: 103 W DUBLIN DR, MADISON, AL 35758, Madison	Licensee: LA PETITE ACADEMY, INC.	Telephone #: (256) 461-8916
Ages: 6 Weeks to 12 Years	Director (if applicable): CANDACE ALLEN	Capacity: 120 / NA Day Night

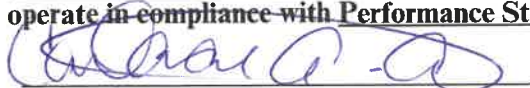
SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Center free of apparent hazards, Inspection Form Comments: There was an L bracket protruding from the bookshelf in the pre=k classroom.	2/6/2026
Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: There was hand sanitizer sitting on the desk in the front entrance area.	2/6/2026
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: Some staff's training is not in Alabama Pathways.	3/4/2026
Failed - Ongoing Training, Staff Checklist Comments: need ongoing training	2/6/2026
Failed - References, Staff Checklist Comments: Need one reference with signature	2/24/2026
Failed - Ongoing Training, Staff Checklist Comments: need ongoing training.	3/4/2026
Failed - Ongoing Training, Staff Checklist Comments: need ongoing training	3/4/2026
Failed - Health and Safety Training, Staff Checklist Comments: need health & safety training	3/4/2026
Failed - Ongoing Training, Staff Checklist Comments: need ongoing	3/4/2026
Failed - Health and Safety Training, Staff Checklist	3/4/2026

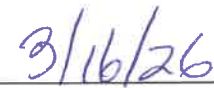
Comments: need health & safety training	
Failed - Ongoing Training, Staff Checklist	3/5/2026
Comments: need ongoing training	
Failed - Health and Safety Training, Staff Checklist	3/5/2026
Comments: need health & safety training	
Failed - Written Verification of Standards Read, Staff Checklist	2/17/2026
Comments: need Performance standards not minimum standards	
Failed - Preadmission Form, Child Checklist	2/9/2026
Comments: Incomplete	
Failed - Preadmission Form, Child Checklist	2/9/2026
Comments: Incomplete	
Failed - Preadmission Form, Child Checklist	2/9/2026
Comments: incomplete	
Failed - Preadmission Form, Child Checklist	2/9/2026
Comments: incomplete	
Failed - Preadmission Form, Child Checklist	2/9/2026
Comments: incomplete	
Failed - Indoor thermometer (child safe), Classroom Checklist / Infant	2/6/2026
Comments: need indoor thermometer	
Failed - Hazardous substances locked, Classroom Checklist / Toddler 1	2/6/2026
Comments: A staff's purse was sitting on the counter near the sink in the 12-18-month classroom.	
Cleaning products were in a unlocked cabinet in the pre-k classroom., Ad Hoc	3/4/2026
Comments: NA	
In the preschool classroom there was an uncovered outlet., Ad Hoc	3/4/2026
Comments: NA	
In the 18 to 24 month classroom there was one staff supervising nine (9) children., Ad Hoc	3/4/2026
Comments: NA	

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

LATONYA JAMES


 Date



***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____