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 [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 2/24/2026
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 ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
ROUGH OR HARSH HANDLING, Allegation Comments: DHR representative observed video footage from January 14, 2026 from 12:03pm-12:09pm in the K4 A room where the staff took hold of a five-year-old child's left arm with one hand, led the child to a chair by the staff's desk, and had the child sit in the chair. The staff spoke with the child and then took the child by the hand to put the child in a standing position. The staff led the child around the room to a table to speak to the child again. The child sat on the table and the staff grabbed the child's right arm with one hand and moved the child from a sitting position to a standing position next to the table.	2/17/2026
DHR representative observed video footage from January 14, 2026 11:27am-12:18pm in the K4 A room a staff using and talking on their cell phone while supervising children 4-5 years old alone during naptime., Ad Hoc Comments: NA	2/24/2026
On January 23, 2026 there were four children not signed in, and one infant signed out that was present at the facility., Ad Hoc Comments: NA	2/13/2026

2/13/26 The staff in the young twos is missing a suitability letter., Ad Hoc Comments: NA	3/9/2026
2/13/26 The staff in the young twos is missing 12 hours of ongoing training., Ad Hoc Comments: NA	2/20/2026
2/13/26 The staff in the young twos is missing a medical form., Ad Hoc Comments: NA	2/23/2026
2/13/26 The staff in the young twos is missing a TB test., Ad Hoc Comments: NA	2/23/2026
2/13/26 The staff in the K4A is missing verification of education., Ad Hoc Comments: NA	2/19/2026
2/13/26 The staff in the K4A is missing a medical form., Ad Hoc Comments: NA	2/19/2026

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.

_____ 3-23-26

Signature of Facility Representative Date

LEANNA TOWERY

_____ **3/20/2026**

Signature of DHR Licensing Representative Date

COPIES TO: director