

**4ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT**

SECTION A- IDENTIFYING INFORMATION

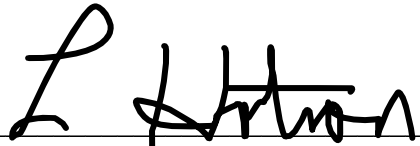
Facility Name: NEXT STEP LEARNING CENTER LLC	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 3/27/2026
Facility Address: 4355 VIRGINIA LOOP RD, MONTGOMERY, AL 36116, Montgomery	Licensee: NEXT STEP LEARNING CENTER LLC	Telephone #: (334) 324-1006
Ages: 6 Weeks to 15 Years	Director (if applicable): EDNA HORTON	Capacity: 84 / 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 Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Siding on side building is missing with exposed nails that are in the pathway of children.	Pending Correction
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: Doors and windows on playground have chipping paint in pathway of children.	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Missing immunization	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 4/10/26, as verification that deficiencies have been corrected.

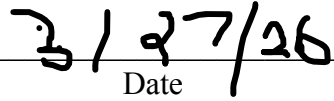
NOTICE: Any misleading or any false statements or reports made to the Department and/or failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of Performance Standards. A facility licensed 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.



Signature of Facility Representative

KAREN JACKSON-MOULTON

Signature of DHR Licensing Representative



Date

3/27/26

Date

COPIES TO: _____