ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: THE LEARNING LODGE CHILD DEV CTR	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 4/24/2026
Facility Address: 618 HUDSON PLACE, TALLASSEE, AL 36078, Elmore	Licensee: THE LEARNING LODGE CHILD DEV CTR, INC.	Telephone #: (334) 283-6272
Ages: 6 Weeks to 12 Years	Director (if applicable): LEAH PUGH	Capacity: 81 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Meals and snacks comply with USDA guidelines, Inspection Form	4/24/2026
Comments: Snacks do not meet USDA guidelines.	
Failed - Electrical outlets covered, Classroom Checklist / 2 1/2 up/ Preschool	4/24/2026
Comments: Plug missing protective cover.	
Failed - Medication locked, Classroom Checklist / 24-36 month	4/24/2026
Comments: Sunscreen	
Failed - Sink, warm water, soap, paper towels, Classroom Checklist / 18month- 2 1/2 yrs	4/30/2026
Comments: Sink not in the classroom	

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 _____x_____, 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.

Leah Pugh _____ 4/24/2026 _____

Signature of Facility Representative Date

JESSICA VICE

_____ **4/24/26** _____

Signature of DHR Licensing Representative Date

COPIES TO: _____Center_____