

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: LITTLE PEOPLE'S LEARNING ACADEMY	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 5/6/2026
Facility Address: 4309 WOODLEY ROAD, SUITE B MONTGOMERY, AL 36116, Montgomery	Licensee: CAMELLIA JACKSON	Telephone #: (334) 498-5525
Ages: 6 Weeks to 12 Years	Director (if applicable): CAMELLIA JACKSON	Capacity: 42 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary Several children do not have covers during nap time in the 18 month- 21/2 year age group., Ad Hoc Comments: NA	5/6/2026
The 6 weeks to 18-month classroom was out of ratio 12 children t staff at nap time., Ad Hoc Comments: NA	5/6/2026
A child was napping in the hallway of the 2 1/2 - 5 year classroom., Ad Hoc Comments: NA	5/6/2026

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 _____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.

Camellia Jackson

Signature of Facility Representative

JESSICA VICE

Signature of DHR Licensing Representative

5/6/26

Date

5/6/26

Date

COPIES TO: __Director_____