ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: WONDERLAND ACADEMY I	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 4/30/2026
Facility Address: 3118 LOWER WETUMPKA ROAD, MONTGOMERY, AL 36110, Montgomery	Licensee: LULA GOLDSBY	Telephone #: (334) 832-9815
Ages: 6 Weeks to 12 Years	Director (if applicable): LULA GOLDSBY	Capacity: 30 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
4/30/26 In the preschool classroom there was a hazardous substance not under lock and key and combination lock (Lysol spray)., Ad Hoc Comments: NA	4/30/2026
4/30/26 In the preschool classroom there was a staff purse not under lock and key or combination lock., Ad Hoc Comments: NA	4/30/2026
4/30/26 In the infant room there was a bottle that was not labeled., Ad Hoc Comments: NA	4/30/2026
4/30/26 On the sign in sheet from 4/30/26 there were parent initials., Ad Hoc Comments: NA	5/1/2026

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.

_____ 5/12/26
Signature of Facility Representative Date

LEANNA TOWERY

_____ _____**5/12/26**_____
Signature of DHR Licensing Representative Date

COPIES TO: director