

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

**SECTION A- IDENTIFYING INFORMATION**

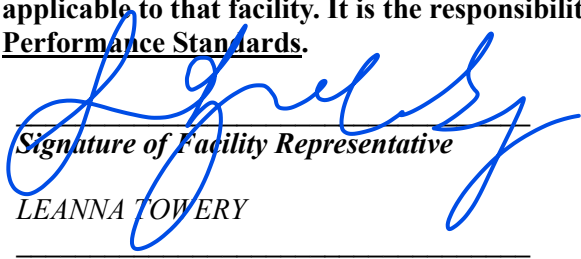
Facility Name: WONDERLAND ACADEMY I	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]        Family [ ] University [ ] Group [ ]	Date of Visit: 5/12/2026
Facility Address: 3118 LOWER WETUMPKA ROAD, MONTGOMERY, AL 36110, Montgomery	Licensee: LULA GOLDSBY	Telephone #: (334) 832-9815
Ages: 6 Weeks to 12 Years	Director (if applicable): LULA GOLDSBY	Capacity: 30        /    NA Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
<b>Deficiency Summary</b>	
5/12/26 On the sign in/out sheet there was one child not signed in and one child that was not signed out., Ad Hoc Comments: NA	Pending Correction
5/12/26 There were not two CPR certified staff at the facility during hours of operation., Ad Hoc Comments: NA	Pending Correction
5/12/26 In the preschool room there was one child under 2 1/2 years of age with six children over 2 1/2 years of age. , Ad Hoc Comments: NA	Pending Correction

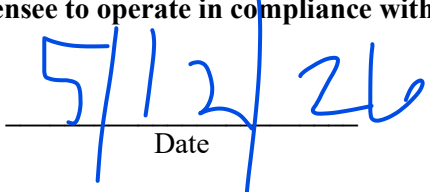
**INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must put the date of correction and his/her initials in Column 2. This form must be returned to the Department of Human Resources on or before 5/26/26, 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*

LEANNA TOWERY

\_\_\_\_\_  
*Signature of DHR Licensing Representative*

  
\_\_\_\_\_  
Date

5/12/26  
\_\_\_\_\_  
Date

COPIES TO: director