

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

SECTION A- IDENTIFYING INFORMATION

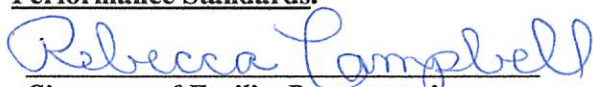
Facility Name: DEMOPOLIS ACADEMY FOR KIDS, LLC	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 5/19/2026
Facility Address: 1001 MARIA AVENUE, DEMOPOLIS, AL 36732, Marengo	Licensee: DEMOPOLIS ACADEMY FOR KIDS, LLC	Telephone #: (334) 216-7011
Ages: 0 Weeks to 12 Years	Director (if applicable): REBECCA CAMPBELL	Capacity: 140 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
The indoor thermometer is not working in room 1 (6m-12m)., Ad Hoc Comments: NA	5/19/2026
The indoor thermometer is not working in room 3 (18m-24m)., Ad Hoc Comments: NA	5/19/2026

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 n/a , 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

5/19/26
Date

CHILD CARE PERFORMANCE YEAR-END DEFICIENCY REPORT
ALABAMA DEPARTMENT OF HUMAN RESOURCES

SECTION 1 - LICENSING INFORMATION

License No. _____ License Type _____ License Status _____ License Expiration Date _____	Licensee Name _____ Licensee Address _____ Licensee Phone _____ Licensee Email _____	Licensee Title _____ Licensee Experience _____ Licensee Education _____ Licensee Training _____	Licensee Background Check Status _____ Licensee Background Check Date _____ Licensee Background Check Agency _____
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SECTION 2 - DEFICIENCY INFORMATION

Deficiency Code	Deficiency Description	Deficiency Status	Deficiency Date
219.030	Deficiency Description	Deficiency Status	Deficiency Date
219.030	Deficiency Description	Deficiency Status	Deficiency Date

The information provided in this report is for informational purposes only. It is not intended to be used as a basis for any legal action. The information provided in this report is based on the information provided to the Department of Human Resources. The Department of Human Resources is not responsible for the accuracy of the information provided in this report.

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Date

Signature

