

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: AGES AND STAGES LEARNING CENTER	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]           Family [ ] University [ ] Group [ ]	Date of Visit: 5/22/2026
Facility Address: 6513 SECOND AVE SOUTH, BIRMINGHAM, AL 35212, Jefferson	Licensee: SANDRA ELLIS	Telephone #: (205) 592-0810
Ages: 6 Weeks to 12 Years	Director (if applicable): SANDRA ELLISS ELLIS	Capacity: 55       /    NA Day       Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	Date Corrected by Licensee
<b>Deficiency Summary</b> Center failed to report an inappropriate discipline incident that occurred on 04/06/2026 in the Preschool Classroom to the Department within 24 hrs or written statement within 5 days., Ad Hoc Comments: NA	5/22/2026
upon arrival, there were two (2) babies asleep in a swing and a bouncy seat in the Nursey (6wks-18mos)., Ad Hoc Comments: NA	5/22/2026

**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.**

Sandra Ellis

**Signature of Facility Representative**

\_\_\_\_\_ Date

SHUNDR NEVELS

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

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_