ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: MAUD LINDSAY ACADEMY	Type of Facility : Center [X] Day [X] OST [ ] Night [X] Family [ ] University [ ] Group [ ]	Date of Visit: 6/11/2026
Facility Address: 227 ENTERPRISE STREET, FLORENCE, AL 35630, Lauderdale	Licensee: AMANDA ROBERTSON	Telephone #: (256) 349-5083
Ages: 2 Years to 10 Years/2 Years to 10 Years	Director (if applicable): AMANDA ROBERTSON	Capacity: 32 / 40 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary APPARENT HAZARDOUS CONDIT, Allegation Comments: In the preschool classroom there is damage to the ceiling due to a roof leak.	Pending Correction
The facility failed to report to the Department there was a roof leak that caused the ceiling to bulge in the preschool classroom., Ad Hoc Comments: NA	6/11/2026

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.

Amanda Robertson _____ _____**6/11/26**_____

Signature of Facility Representative Date

LATONYA JAMES

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____