ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
STEPPING STONES LEARNING CENTER	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	6/11/2026
Facility Address:	Licensee:	Telephone #:
111 POPLAR ROAD, ALEXANDER CITY, AL 35010, Tallapoosa	REBECCA LINDSEY	(256) 392-5001
Ages:	Director (if applicable):	Capacity:
6 Weeks to 14 Years	REBECCA LINDSEY	41 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Clear glass doors are marked at child level, Inspection Form Comments: child markings are missing from the entrance door of the facility	6/11/26 RL
Failed - Parents provided with information on influenza annually, Inspection Form Comments: evidence is not available parents have been provided information on influenza	Pending Correction
Failed - Parents provided information on child development and children's health annually, Inspection Form Comments: No evidence parents have been provided the information annually	Pending Correction
Failed - Fire, Inspection Form Comments: No evidence of quarterly drills	Pending Correction
Failed - Tornado, Inspection Form Comments: No evidence of quarterly drills	Pending Correction
Failed - Lockdown, Inspection Form Comments: No evidence of quarterly drills	Pending Correction
Failed - Relocation, Inspection Form Comments: No evidence of quarterly drills	Pending Correction
Failed - Copies provided to all parents/guardians, Inspection Form Comments: No evidence copies have been provided to the parents	Pending Correction
Failed - Most recent licensing evaluation, Inspection Form Comments: 2025 Evaluation not posted	Pending Correction

Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: Some staff not enrolled in the Alabama Pathway's Professional Development Registry	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: missing from file	Pending Correction
Failed - Medical, Staff Checklist Comments: Medical report expired 8/21/2025	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: Missing Photo ID	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: Missing Photo ID	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: Missing Photo ID	Pending Correction
Failed - References, Staff Checklist Comments: No references in the file	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: Missing Photo ID	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: Missing Photo ID	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: Missing Photo ID	Pending Correction
Failed - Medical, Staff Checklist Comments: unable to read the date in which signed by physician	Pending Correction
Failed - Application, Staff Checklist Comments: missing	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: Missing Photo ID	Pending Correction
Failed - Medical, Staff Checklist Comments: missing	Pending Correction
Failed - TB Test Date and Results, Staff Checklist Comments: missing	Pending Correction
Failed - References, Staff Checklist Comments: missing	Pending Correction
Failed - Written Verification of Standards Read, Staff Checklist Comments: missing	Pending Correction
Failed - Sink, warm water, soap, paper towels, Classroom Checklist / Baby room Comments: warm running not present in the 6 weeks - 18 months classroom	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / Baby room Comments: Hand soap labeled "keep out the reach of children" was not under lock and key in the 6 weeks - 18 months room	6/11/26 RL

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.

Rebecca Lindsey _____ _____**6/12/26**_____

Signature of Facility Representative Date

BRIDGETTE SMITH

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____