

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: HOOPER CHILD CARE & EARLY LEARNING CTR	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 7/17/2026
Facility Address: 360 FISCHER ROAD, HOPE HULL, AL 36043, Montgomery	Licensee: WEST MONTGOMERY EDUCATIONAL FOUNDATION	Telephone #: (334) 288-2770
Ages: 6 Weeks to 14 Years	Director (if applicable): STACY GOODIN	Capacity: 232 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary No deficiencies were found on this visit. PHOTOGRAPHIC ID, Allegation 7/20/2026 Comments: A child was allowed to be picked up from the facility without photographic identification being checked.	

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.

Stacy Goodin 

Signature of Facility Representative

07/20/2026

 Date



ARIANN CHARITY

7/20/26

Signature of DHR Licensing Representative

Date

COPIES TO: _____