ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: SECOND MOM CHILD CARE CENTER	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 7/23/2026
Facility Address: 2703 HIGHLAND AVENUE, MONTGOMERY, AL, 36107, Montgomery	Licensee: SECOND MOM'S CHILD CARE CENTER, LLC	Telephone #: (334) 832-9403
Ages: 6 Weeks to 12 Years	Director (if applicable): OLLIE GRAY	Capacity: 77 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
There are 16 infants (6wks-18m) in the classroom with 2 staff., Ad Hoc Comments: NA	7/23/2026
There are 2 infants (6wks-18m) in cribs asleep with blankets., Ad Hoc Comments: NA	7/23/2026
There are several electrical plug covers missing throughout the center., Ad Hoc Comments: NA	7/23/2026
There is hazardous substance not under lock in key in the 3yr old classroom. (lysol), Ad Hoc Comments: NA	7/23/2026
There is a green turtle sandbox with a top with cracked sharp edges., Ad Hoc Comments: NA	7/23/2026

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.

Demetra Jackson — 7/23/2026

Signature of Facility Representative — Date

KAMILA CROWELL

Signature of DHR Licensing Representative — **7-23-2026** Date

COPIES TO: __director_____