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

**SECTION A- IDENTIFYING INFORMATION**

| | | |
|---|---|---|
| Facility Name:<br>HOOPER CHILD CARE & EARLY LEARNING CTR | Type of Facility : Center [X]<br>Day [X] OST [ ]<br>Night [ ] Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>8/11/2026 |
| Facility Address:<br>360 FISCHER ROAD, HOPE HULL, AL 36043, Montgomery | Licensee:<br>WEST MONTGOMERY EDUCATIONAL FOUNDATION | Telephone #:<br>(334) 288-2770 |
| Ages:<br>6 Weeks to 14 Years | Director (if applicable):<br>STACY GOODIN | Capacity:<br>232 / NA<br>Day Night |

**SECTION B - DEFICIENCY INFORMATION**

| **Performance Standard Deficiency**<br>***HAZARDS MUST BE CORRECTED IMMEDIATELY**** | **Date Corrected by Licensee** |
|---|---|
| **Deficiency Summary** | |
| Failed - Medical, Staff Checklist<br>Comments: Missing | Pending Correction |
| Failed - Medical, Staff Checklist<br>Comments: Missing | Pending Correction |
| Failed - Medical, Staff Checklist<br>Comments: Missing | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: Missing | Pending Correction |
| Failed - Medical, Staff Checklist<br>Comments: Missing | Pending Correction |
| Failed - TB Test Date and Results, Staff Checklist<br>Comments: Missing | Pending Correction |

| | |
|---|---|
| Failed - Verification of Education, Staff Checklist<br>Comments: Missing | Pending Correction |
| Failed - Verification of Education, Staff Checklist<br>Comments: Missing | Pending Correction |
| Failed - Immunization Certificate, Child Checklist<br>Comments: Expired | Pending Correction |

**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 ____8/25/26_____, 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 _____ 08/12/2026 _____

***Signature of Facility Representative*** Date

*ARIANN CHARITY* **8/11/26**

_____ _____

***Signature of DHR Licensing Representative*** Date

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