

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: EAGLE LEARNING ACADEMY #2	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/11/2026
Facility Address: 177 ACADEMY DRIVE, GREENVILLE, AL 36037, Butler	Licensee: EAGLE LEARNING ACADEMY, LLC	Telephone #: (334) 728-1774
Ages: 6 Weeks to 18 Years	Director (if applicable): LATONYA PORTER	Capacity: 35 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
ALL DEFICIENCIES CORRECTED THROUGH ARISE ON 8/17/2026.	
Failed - Preadmission Form, Child Checklist Comments: Missing Documentation	8/17/2026
Failed - Preadmission Form, Child Checklist Comments: Missing Documentation	8/25/2026
Failed - Preadmission Form, Child Checklist Comments: Missing Documentation	8/14/2026
Failed - Preadmission Form, Child Checklist Comments: Missing Documentation	8/17/2026
Failed - Preadmission Form, Child Checklist Comments: Missing Documentation	8/14/2026
Failed - Preadmission Form, Child Checklist Comments: Missing Documentation	8/17/2026
Failed - Preadmission Form, Child Checklist	8/25/2026

Comments: Missing Documentation	
Failed - Preadmission Form, Child Checklist Comments: Missing Documentation	8/14/2026
Failed - Preadmission Form, Child Checklist Comments: Missing Documentation	8/14/2026
Failed - Preadmission Form, Child Checklist Comments: Missing Documentation	8/14/2026
Failed - Preadmission Form, Child Checklist Comments: Missing Documentation	8/14/2026
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Failed - Preadmission Form, Child Checklist Comments: Missing Documentation	8/14/2026
Failed - Preadmission Form, Child Checklist Comments: Missing Documentation	8/14/2026

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.



Signature of Facility Representative

8/17/2026

Date

AMY HORN

Signature of DHR Licensing Representative

8/17/2026

Date

COPIES TO: _____DIRECTOR_____