

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LAUDERDALE COUNTY EARLY LEARNING CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/20/2026
Facility Address: 1410 GLORY WAY, FLORENCE, AL 35633, Lauderdale	Licensee: COMMUNITY ACTION PARTNERSHIP OF NA, INC	Telephone #: (256) 964-6611
Ages: 0 Days to 5 Years	Director (if applicable): ASHLEY BORDEN	Capacity: 109 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
On August 20, 2026, there were no new deficiencies noted.	
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: On July 29, 2026, staff suitability letter expired on 7/9/2026.	8/21/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: On July 29, 2026, staffs can form expired on 7/13/2026.	8/10/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: On July 29, 2026, staffs suitability letter expired on 7/9/2026.	8/21/2026

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.

Ashley Borden

Signature of Facility Representative

8/24/26

Date

LATONYA JAMES

Signature of DHR Licensing Representative

8/24/2026

Date

COPIES TO: __Ashley Borden_____