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: 8/6/2026
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

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Medical, Staff Checklist Comments: Missing	8/24/2026
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Failed - Health and Safety Training, Staff Checklist Comments: Missing	8/24/2026
Failed - Medical, Staff Checklist Comments: Missing	9/2/2026
Failed - TB Test Date and Results, Staff Checklist Comments: Missing	9/2/2026

Failed - Verification of Education, Staff Checklist Comments: Missing	9/2/2026
Failed - Verification of Education, Staff Checklist Comments: Missing	8/24/2026
Failed - Immunization Certificate, Child Checklist Comments: Expired	9/2/2026

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 _____, 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 Date

ARIANN CHARITY **9/2/26**

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____