

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: LA PETITE ACADEMY	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/30/2026
Facility Address: 103 W DUBLIN DR, MADISON, AL 35758, Madison	Licensee: LA PETITE ACADEMY, INC.	Telephone #: (256) 461-8916
Ages: 6 Weeks to 12 Years	Director (if applicable): CANDACE ALLEN	Capacity: 120 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
On 9/30/26, per staff statement, on 9/17/26 a parent brought a vaporizer pen into the center during pick up and dropped it on the floor resulting in a two (2) year old child picking it up and inhaling. , Ad Hoc Comments: NA	9/30/2026
On 9/30/26, hyrdogen peroxide, disinfectant spray, and hand sanitizer were not under lock and key or combination lock. , Ad Hoc Comments: NA	9/30/2026

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.



9/30/26

Signature of Facility Representative

Date

AJOIA MCGHEE

9/30/26

Signature of DHR Licensing Representative

Date

COPIES TO: ___ Center ___