ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: EARLY LEARNING ACADEMY	Type of Facility : Center [X] Day [X] Night [X] OST [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 9/18/2026
Facility Address: 5400 ZEIGLER BOULEVARD, MOBILE, AL 36608, Mobile	Licensee: EARLY LEARNING ACADEMY WEST MOBILE	Telephone #: (251) 459-0431
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable): CHARLENA CARSWELL	Capacity: 66 Day / 66 Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired	8/28/2026
Failed - Medical, Staff Checklist Comments: expired	8/26/2026
Failed - Photo ID Verification, Staff Checklist Comments: missing	8/26/2026
Failed - References, Staff Checklist Comments: missing	8/26/2026
Staff does not have access to the children and staff files., Ad Hoc Comments: NA	8/26/2026
All staff are not registered in Alabama Pathways, Ad Hoc Comments: NA	8/26/2026
Two preadmission forms are incomplete., Ad Hoc Comments: NA	10/2/2026

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 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	Date 10/2/20
STEPHANIE HARDY	10/2/20
Signature of DHR Licensing Representative	Date

COPIES TO: _____