ALABAMA DEPARTMENT OF HUMAN RESOURCES

CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LITTLE LIONS	Type of Facility: Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 06/05/2025
Facility Address: 42417 HWY 195 E. SUITE 1, HALEYVILLE, AL, 35565, Winston	Licensee: MORGAN ENGLE/ M.E. VENTURES LLC	Telephone #: (205) 486-4673
Ages: 6 Weeks to 17 Years	Director (if applicable): MORGAN ENGLE	Capacity: 85 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency *HAZARDS MUST BE CORRECTED IMMEDIATELY**	Date Corrected by Licensee
Deficiency Summary There are no deficiencies noted or observed on today's visit. All Health and Safety met as of 6/5/25., Ad Hoc Comments: NA	06/05/2025

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.

Morgan Engle — 6.5.25

Signature of Facility Representative — Date

Catressa Rozell / Catressa Rozell — 6.5.25

6/5/25

Signature of DHR Licensing Representative Date

COPIES TO: _____