ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: SPROUT EARLY LEARNING CENTER	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [Group [ ]	Date of Visit: 06/13/2025
Facility Address: 5327 ALABAMA HIGHWAY 93, BANKS, AL 36005, Pike	Licensee: TROY RESILIENCE PROJECT	Telephone #: (334) 905-0204
Ages: 0 Years to 5 Years	Director (if applicable): ELLEN Nichols DOSS	Capacity: 94 / 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: no Medical	06/13/2025
Failed - Verification of Education, Staff Checklist Comments: Miss education	06/16/2025
Failed - Health and Safety Training, Staff Checklist Comments: Missing Health and safety training	06/16/2025
Failed - Verification of Education, Staff Checklist Comments: Verification of educatio	06/16/2025
Failed - Interstate CA/N if applicable (within 5 years), Staff Checklist Comments: Needs interstate CAN	06/16/2025
Failed - Health and Safety Training, Staff Checklist Comments: Missing Health and Safety training	06/16/2025
Failed - Medical, Staff Checklist Comments: Missing medical	06/16/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Missing tb	06/16/2025
Failed - Health and Safety Training, Staff Checklist Comments: Needs Health and safety	06/16/2025
Failed - Verification of Education, Staff Checklist Comments: Missing education	06/16/2025
Failed - Health and Safety Training, Staff Checklist Comments: Health and safety training	06/16/2025

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 _____, 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.

Ellen Doss _____ 6/23/25 _____

Signature of Facility Representative Date

Karen Jackson-Moulton

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____