

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: ARLEAN'S LITTLE TREASURES	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 06/25/2025
Facility Address: 110 STETSON DRIVE, HARVEST, AL 35749, Madison	Licensee: ARLEAN COLE	Telephone #: (256) 945-7102
Ages: 0 Weeks to 5 Years/	Director (if applicable): ARLEAN COLE	Capacity: 46 / 45 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
<p>Deficiency Summary</p> <p>Failed - Ongoing Training, Staff Checklist Comments: Missing current ongoing training.</p> <p>Failed - Health and Safety Training, Staff Checklist Comments: Missing current health and safety training.</p> <p>Failed - Ongoing Training, Staff Checklist Comments: Missing ongoing training</p> <p>Failed - Health and Safety Training, Staff Checklist Comments: Missing current health and safety training</p> <p>Two staff is missing the current health and safety training., Ad Hoc Comments: NA</p> <p>One staff is missing the current ongoing training., Ad Hoc Comments: NA</p>	

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

LaTonya James

Signature of DHR Licensing Representative

Date

Date

COPIES TO: _____