

file.

Failed - Immunization Certificate, Child Checklist  
Comments: Not in file.

Pending Correction

**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 July 29, 2025, 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

Jay Dalton

Signature of DHR Licensing Representative

  
Date

July 15, 2025

Date

COPIES TO: Tammie Leake-Potter

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

**SECTION A- IDENTIFYING INFORMATION**

|                                                                        |                                                                                                                                                                                                                                                                                  |                                   |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Facility Name:<br>INDIA'S TINY TOTS                                    | Type of Facility : Center <input checked="" type="checkbox"/><br>Day <input checked="" type="checkbox"/> OST <input type="checkbox"/><br>Night <input type="checkbox"/> Family <input type="checkbox"/><br>University <input type="checkbox"/><br>Group <input type="checkbox"/> | Date of Visit:<br>7/15/2025       |
| Facility Address:<br>404 N CHERRY STREET, DOTHAN,<br>AL 36303, Houston | Licensee:<br>TAMMIE LEAKE-POTTER                                                                                                                                                                                                                                                 | Telephone #:<br>(334) 792-0180    |
| Ages:<br>3 Weeks to 14 Years                                           | Director (if applicable):<br>TAMMIE LEAKE-POTTER                                                                                                                                                                                                                                 | Capacity:<br>60 / 16<br>Day Night |

**SECTION B - DEFICIENCY INFORMATION**

| <b><u>Performance Standard Deficiency</u></b><br><b><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i></b>                                                                                                                                                          | <b>Date Corrected by<br/>Licensee</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Deficiency Summary</b>                                                                                                                                                                                                                                      |                                       |
| Failed - Concrete/asphalt not used under equipment, Inspection Form<br>Comments: There is exposed cement around the bottom of the red fire<br>dept crawl through.                                                                                              | Pending Correction                    |
| Failed - By August 1, 2022, director/all teachers/substitutes/all service<br>staff must be enrolled in the Alabama Pathway's Professional<br>Development Registry, Inspection Form<br>Comments: Not all staff are registered in the Alabama Pathways registry. | Pending Correction                    |
| Failed - Medical, Staff Checklist<br>Comments: Not in file.                                                                                                                                                                                                    | Pending Correction                    |
| Failed - TB Test Date and Results, Staff Checklist<br>Comments: Not in file.                                                                                                                                                                                   | Pending Correction                    |
| Failed - Verification of Education, Staff Checklist<br>Comments: Not in file                                                                                                                                                                                   | Pending Correction                    |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: Ther is no verification of class 10 (cpr & first aide) in the                                                                                                                                | Pending Correction                    |