

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

SECTION A- IDENTIFYING INFORMATION

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|---|---|--|
| Facility Name: LITTLE DESTINY DAYCARE CENTER | Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group [] | Date of Visit: 7/15/2025 |
| Facility Address: 435 WILSON AVE, FRISCO CITY, AL 36445, Monroe | Licensee: LITTLE DESTINY DAYCARE CENTER | Telephone #: (251) 267-7044 |
| Ages: 0 Years to 15 Years | Director (if applicable): SHELENE DEAN | Capacity: 22 / NA Day Night |

SECTION B - DEFICIENCY INFORMATION

| <u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY* | <u>Date Corrected by Licensee</u> |
|---|-----------------------------------|
| Deficiency Summary Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Playground equipment needs to be painted. | 7/15/2025 |

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.

Signature of Facility Representative

Karen Jackson-Moulton

Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____