

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A - IDENTIFYING INFORMATION

Facility Name: LITTLE LEARNING DAYCARE	Type of Facility : Center [] Day [X] OST [] Night [X] Family [X] University [] Group []	Date of Visit: 4/4/2025
Facility Address: 2506 CAPSTONE DRIVE, MONTGOMERY, AL 36106, Montgomery	Licensee: NIKKI HILL	Telephone #: (334) 531-3385
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable):	Capacity: 5 / 5 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Substitutes/caregivers informed of responsibilities in case of an emergency, Inspection Form Comments: Missing Documentation	4/4/2025
Failed - Record for licensee/household member, Inspection Form Comments: Missing Documentation	4/4/2025
Failed - Records for caregivers/substitutes, Inspection Form Comments: Missing Documentation	4/4/2025
Failed - Children's records complete, Inspection Form Comments: Missing Documentation	4/11/2025
Failed - Photo ID Verification, Staff Checklist Comments: Missing Documentation	4/4/2025
Failed - Current Driver's License, Staff Checklist Comments: Missing Documentation	4/4/2025

Failed - Written verification of Emergency Procedures, Staff Checklist Comments: Missing Documentation	4/4/2025
Failed - Written verification of Emergency Procedures, Staff Checklist Comments: Missing Documentation	4/4/2025
Failed - Preadmission Form, Child Checklist Comments: Missing Documentation	4/11/2025
Failed - Preadmission Form, Child Checklist Comments: Missing Documentation	4/11/2025
Failed - Preadmission Form, Child Checklist Comments: Missing Documentation	4/11/2025
Failed - Preadmission Form, Child Checklist Comments: Missing Documentation	4/11/2025

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

Amy Horn

Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____

Comments: Missing Documentation
Failed - Preadmission Form, Child Checklist
Comments: Missing Documentation

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[Signature]
Signature of Facility Representative

4/9/25
Date

Amy Horn
Signature of DHR Licensing Representative

4/4/25
Date

COPIES TO

mailed copy to licensee
4/7/25