ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LITTLE'S DAY CARE	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [X] University [Group [ ]	Date of Visit: 9/10/2025
Facility Address: 2756 COUNTY ROAD 2228, TROY, AL 36079, Pike	Licensee: PATRICIA LITTLE	Telephone #: (334) 672-5409
Ages: 0 Weeks to 14 Years	Director (if applicable):	Capacity: 6 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Dangerous substances locked, Inspection Form Comments: Hand Sanitizing spray, antibacterial soap & purse not under lock & key or combination lock.	Pending Correction 9/9/25 PLL
Failed - Animal feeding/watering containers and litter boxes inaccessible to children, Inspection Form Comments: Animal feeding/watering container are accessible to the children in care.	Pending Correction 9/9/25 PLL
Failed - Doors not closed in any area where children are sleeping, Inspection Form Comments: Door closed in infant sleeping area.	Pending Correction 9/9/25 PLL
Failed - Lighting adequate at nap/rest time to allow children to be seen, Inspection Form Comments: Lighting was not adequate during rest time for the infant in the playpen.	Pending Correction 9/9/25 PLL
Failed - Outdoor play area and equipment free from apparent hazards, Inspection Form Comments: Visual spider webs and wasp nest on the play area.	Pending Correction 9/9/25 PLL
Failed - Formula provided by parent must be ready to feed labeled and refrigerated, Inspection Form Comments: Infant bottles not labelled	Pending Correction 9/9/25 PLL
Failed - Preadmission Form, Child Checklist Comments: Missing documentation	Pending Correction 9/9/25 PLL

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.

_____	9/9/25
Signature of Facility Representative	Date
Amy Horn	
_____	_____
Signature of DHR Licensing Representative	Date

COPIES TO: _____