

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: PRECIOUS LITTLE LAMBS, LLC	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 10/3/2025
Facility Address: 105 SOUTH CHRISTINE AVE, ANNISTON, AL 36207, Calhoun	Licensee: PRECIOUS LITTLE LAMBS, LLC	Telephone #: (256) 403-1411
Ages: 6 Weeks to 13 Years/	Director (if applicable): TAMERA HILL	Capacity: 26 15 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Active Ant bed on the playground	10/3/2025
Failed - Character and suitability review conducted on required person (every 5 years), Inspection Form Comments: one staff working without a complete CA/N.	10/3/2025
Failed - Required ratios maintained at all times, Inspection Form Comments: Infant room was 1 staff to 6 children.	10/3/2025
Failed - All children supervised at all times, Inspection Form Comments: one staff watching 2 classrooms during naptime.	Pending Correction
Failed - Verification of Education, Staff Checklist Comments: missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing certificates	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing 5-11	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: missing	10/3/2025
Failed - Preadmission Form, Child Checklist Comments: missing	10/3/2025
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Failed - Preadmission Form, Child Checklist Comments: missing	10/3/2025
Failed - Immunization Certificate, Child Checklist Comments: expired	10/3/2025
Failed - Preadmission Form, Child Checklist Comments: missing	10/3/2025
Failed - Medication locked, Classroom Checklist / Animal KIngdom Comments: prescription diaper rash cream and Vaseline on changing table.	10/3/2025
The 2 and 1/2 year and 4 year rooms were out of ratio due to missing initial health and safety and CA/N's, Ad Hoc Comments: NA	Pending Correction
Staff files were incomplete due to missing information., Ad Hoc Comments: NA	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 10/17/25, 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

10-3-25
Date

Jaime Bowman

10/03/25

**Signature of DHR Licensing
Representative**

Date

COPIES TO: Tamera Hill