ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [X]	Date of Visit:
THE LITTLE LEARNING PLACE		10/22/2025
Facility Address:	**Licensee:**	**Telephone #:**
106 FAIRLANE DRIVE, EUFAULA, AL 36027, Barbour	SHELIA DAVIS	(334) 687-3948
Ages:	**Director (if applicable):**	**Capacity:**
0 Weeks to 12 Years		12 Day , NA Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
No deficiencies observed at the time of visit.	
Failed - Medical, Staff Checklist Comments: Expired	10/10/2025
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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 N/A **, 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.

Shelia M. Davis — Oct. 24, 2025

Signature of Facility Representative — Date

AMY HORN — 10/22/2025

Signature of DHR Licensing — Date