

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: MARY'S LITTLE LAMBS	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 11/6/2025
Facility Address: 327 S. BROADNAX STREET, DADEVILLE, AL 36853, Tallapoosa	Licensee: SHARONDIA HEARD-TUCK	Telephone #: (256) 373-3178
Ages: 0 Weeks to 12 Years	Director (if applicable): SHARONDIA HEARD-TUCK	Capacity: 24 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
No deficiencies noted at the visit	
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: some staff not enrolled in the Alabama Pathway's Professional Development Registry	10/21/2025
Failed - Most recent fire inspection report within 5 years, Inspection Form Comments: fire inspection posted in the facility is dated 9/27/2021; therefore, fire inspection report is expired.	10/21/2025
Failed - Tornado, Inspection Form Comments: no evidence of quarterly tornado drills	10/21/2025
Failed - Lockdown, Inspection Form Comments: no evidence of quarterly lockdown drills	10/21/2025
Failed - Relocation, Inspection Form Comments: no evidence of quarterly relocation drills	10/21/2025
Failed - Ongoing Training, Staff Checklist Comments: missing	10/22/2025
Failed - Ongoing Training, Staff Checklist Comments: missing	10/21/2025
Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: missing	10/21/2025

Failed - Medical, Staff Checklist Comments: missing	10/21/2025
Failed - TB Test Date and Results, Staff Checklist Comments: missing	10/24/2025
Failed - Ongoing Training, Staff Checklist Comments: missing	11/6/2025
Failed - Ongoing Training, Staff Checklist Comments: missing	10/21/2025
Failed - Ongoing Training, Staff Checklist Comments: missing	10/21/2025
Failed - Health and Safety Training, Staff Checklist Comments: missing	10/21/2025
Failed - Medical, Staff Checklist Comments: expired	10/30/2025
Failed - Ongoing Training, Staff Checklist Comments: missing	10/21/2025
Failed - Ongoing Training, Staff Checklist Comments: missing	10/21/2025
Failed - Health and Safety Training, Staff Checklist Comments: missing #4 and #7	10/21/2025
Failed - Medical, Staff Checklist Comments: missing	10/30/2025
Failed - TB Test Date and Results, Staff Checklist Comments: missing	10/30/2025
Failed - Ongoing Training, Staff Checklist Comments: missing	10/21/2025
Failed - Immunization Certificate, Child Checklist Comments: expired 6/30/2025	10/22/2025
Failed - Preadmission Form, Child Checklist Comments: missing one signature	10/21/2025
Failed - Preadmission Form, Child Checklist Comments: missing parent signature on page 2 and address of Doctor on page 1	10/21/2025
Failed - Preadmission Form, Child Checklist Comments: pre-admission form missing complete addresses on page 2	10/22/2025
Failed - Written daily schedule posted with 60-90 minutes of active play, Classroom Checklist / 4-School Age Comments: daily schedule not posted	10/21/2025
Failed - Indoor thermometer (child safe), Classroom Checklist / PreSchool Comments: digital thermometer does not work	10/21/2025
Failed - Written daily schedule posted with 60-90 minutes of active play, Classroom Checklist / PreSchool Comments: no daily schedule posted	10/21/2025
12 children sign in for the day; however, 10 children present in the facility. Two school-aged children not signed out for school., Ad Hoc Comments: NA	10/21/2025

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

Date

BRIDGETTE SMITH

Signature of DHR Licensing Representative

Date

COPIES TO: _____