

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A - IDENTIFYING INFORMATION

Facility Name: TERRI'S LITTLE ONES	Type of Facility : Center ☒ Day ☒ OST ☐ Night ☐ Family ☐ University ☐ Group ☐	Date of Visit: 11/14/2025
Facility Address: 1032 B FOURTH AVENUE SE, DECATUR, AL 35601, Morgan	Licensee: TERRI WHITE	Telephone #: (256) 686-0916
Ages: 6 Weeks to 12 Years	Director (if applicable): TERRI WHITE	Capacity: 60 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	<u>Date Corrected by</u> <u>Licensee</u>
Deficiency Summary	
Failed - Required ratios maintained at all times, Inspection Form Comments: observed 6 infants with one staff in infant II room and 6 infants with one staff in infant I	Pending Correction
Failed - For infants, clean bottom sheets daily or more often if needed, sheets fit snugly, Inspection Form Comments: crib sheets do not fit snugly to mattress	Pending Correction
Failed - Formula provided by parent, must be labeled, ready to feed, and refrigerated, Inspection Form Comments: observed canned formula, parents must prepare and bring bottles ready to feed	Pending Correction
Failed - Foods that may cause choking prepared appropriately for the child, Inspection Form Comments: Older infants observed eating a whole piece of pizza that was not cut up.	Pending Correction
Failed - Foods eaten from a dish, Inspection Form Comments: pizza was not served on a plate for all children	Pending Correction
Failed - Child care workers/teachers/subs meet qualification and have 12 hours of training within 30 days of employment, Inspection Form Comments: some staff hours incomplete	Pending Correction
Failed - Child care workers/teachers/subs meet requirements for Health & Safety training, Inspection Form Comments: some staff hours incomplete	Pending Correction
Failed - Transportation checklists used as required, Inspection	Pending Correction

Form	
Comments: transportation checklists are incomplete	
Failed - Designated staff complete and sign checklist, Inspection Form	Pending Correction
Comments: staff not completing checklist	
Failed - Driver signs checklist, indicating he/she has checked each seat, Inspection Form	Pending Correction
Comments: staff not completing checklist	
Failed - Staff-child ratio met for children younger than lawful school-age, driver not counted, Inspection Form	Pending Correction
Comments: there was no rider when transporting Pre-K children.	
Failed - Each child under 5 years or weighing less than 40 pounds secured in forward facing child restraint, installed according to manufacturer's instructions, maintained in good condition, Inspection Form	Pending Correction
Comments: children under 40 pounds not transported using a full-size car seat	
Failed - Each child under 6 years shall be properly secured in a booster seat which is properly anchored to the vehicle, installed according to manufacturer's instructions, maintained in good condition, Inspection Form	Pending Correction
Comments: children under six not transported with a booster seat	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: expired	
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist	Pending Correction
Comments: expired	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: incomplete	
Failed - References, Staff Checklist	Pending Correction
Comments: 2 of 3 references observed, need one more	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: incomplete	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: incomplete	
Failed - Feeding chairs, Classroom Checklist / Infants (infant II) small room	Pending Correction
Comments: no feeding chairs attached	
Failed - Waterproof mattress, sheets, Classroom Checklist / Infants (infant II) small room	Pending Correction
Comments: sheets do not fit snugly to mattress	

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 11/28/25, 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**.

Terri White
Signature of Facility Representative

11/14/2025
Date

LEA RAE GAINES

**Signature of DHR Licensing
Representative**

11/14/25

Date

COPIES TO: _____