ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: TINY TOWN DAY CARE	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 12/19/2025
Facility Address: 227 GLASS ROAD, VALLEY, AL 36854, Chambers	Licensee: TRACI GREGORY	Telephone #: (334) 756-9687
Ages: 6 Weeks to 12 Years	Director (if applicable): TRACI GREGORY	Capacity: 48 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
Failed - References, Staff Checklist Comments: missing one complete reference	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: immunization record is expired	Pending Correction
Failed - *Easel, Classroom Checklist / Preschool Comments: The preschool classroom does not have an easel	Pending Correction
Two staff missing a staff file, Ad Hoc Comments: NA	Pending Correction
Two staff missing the required suitability letter and CAN form, Ad Hoc Comments: NA	Pending Correction
Two staff missing the required CCDF training hours, Ad Hoc Comments: NA	Pending Correction
Two staff missing the required references, Ad Hoc Comments: NA	Pending Correction
Two staff missing the required verification of education, Ad Hoc Comments: NA	Pending Correction
Two staff missing the required medical report and TB skin test results, Ad Hoc Comments: NA	Pending Correction
Two staff missing written verification standards read, Ad Hoc Comments: NA	Pending Correction
Two staff missing photo ID, Ad Hoc Comments: NA	Pending Correction

Boys bathroom not in good repair - hole in the wall between the toilets, 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 1/6/2025, 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.

Traci Gregory — 12/18/25

Signature of Facility Representative — Date

BRIDGETTE SMITH ~~TH~~ — 12-18-25

Signature of DHR Licensing Representative — Date

COPIES TO: Director