

**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: 2/19/2026
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 <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: There was a bicycle with a rusty chain and a garden hose laying out on the playground.	1/29/2026
Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: There was Lysol spray, Febreze air freshener and Purell wipes in the hallway.	1/29/2026
Failed - Medical exam and TB test on file at time of employment, Inspection Form Comments: One staff was missing their medical form.	Pending Correction
Failed - Meals and snacks comply with USDA guidelines, Inspection Form Comments: Lunch was missing another vegetable or fruit.	2/19/2026
Failed - Fluid milk served, no powdered milk for drinking, Inspection Form Comments: Water, not milk was served at lunchtime.	2/19/2026
Failed - Children not allowed in the kitchen, Inspection Form Comments: Two toddlers were eating in highchairs in the kitchen.	2/19/2026
Failed - Soft material prohibited in infant's sleeping environment, no pillows, quilts, comforters, etc., Inspection Form Comments: There were two children asleep with bibs on them.	1/29/2026
Failed - Hazardous substances locked, Classroom Checklist / Under the Sea	1/29/2026

Comments: There was an unlocked box full of hazards on the desk.
Failed - Hazardous substances locked, Classroom Checklist / Dr. 1/29/2026
Seuss
Comments: There was a box full of hazards with no lock on the
desk.

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 03/05/26, 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.

<u>Tamera Hill</u>	<u>2-19-26</u>
Signature of Facility Representative	Date
<u>JAIME BOWMAN</u>	<u>02/19/26</u>
Signature of DHR Licensing Representative	Date

COPIES TO: Tamera Hill