

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: LITTLE LIGHTS CREATIVE LEARNING CENTER	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]        Family [ ] University [ ] Group [ ]	Date of Visit: 3/5/2026
Facility Address: 640 MALWEST DRIVE, PRATTVILLE, AL 36066, Autauga	Licensee: LITTLE LIGHTS CREATIVE LEARNING CTR. LLC	Telephone #: (334) 356-0422
Ages: 6 Weeks to 14 Years	Director (if applicable): KRISTIE SKIPPER	Capacity: 104        /        NA Day            Night

**SECTION B - DEFICIENCY INFORMATION**

<b><u>Performance Standard Deficiency</u></b> <b><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i></b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b> Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Internal playground gates are broken and have sharp edges.	Pending Correction
Failed - Concrete/asphalt not used under equipment, Inspection Form Comments: The small climber on the toddler playground has exposed concrete.	Pending Correction
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: .	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: .	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: .	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: .	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: .	Pending Correction
Failed - Interstate CA/N if applicable (within 5 years), Staff Checklist Comments: .	Pending Correction
Failed - Designated activity areas, Classroom Checklist / 2's & 3's Comments: .	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 3/19/26, 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>Kristie Skipper</u>	<u>03-05-26</u>
<b><i>Signature of Facility Representative</i></b>	Date
<u>JESSICA VICE</u>	<u>3/5/26</u>
<b><i>Signature of DHR Licensing Representative</i></b>	Date

COPIES TO: \_\_\_\_\_ Director \_\_\_\_\_