ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LITTLE REBEL LAND DAY CARE	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 3/12/2026
Facility Address: 5245 NEW HOPE ROAD, TOXEY, AL 36921, Choctaw	Licensee: SOUTH CHOCTAW ACADEMY	Telephone #: (251) 843-5570
Ages: 3 Weeks to 12 Years	Director (if applicable): MARIE MARIE LINDER	Capacity: 50 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Medical, Staff Checklist Comments: EXPIRED	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: NEED 12 HOURS	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: NEED 11 HOURS	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: NEED 12 HOURS	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: NEED 11 HOURS	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: NEED 12 HOURS	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: NEED 11 HOURS	Pending Correction
Failed - Medical, Staff Checklist Comments: EXPIRED	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: NEED 12 HOURS	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: NEED 11 HOURS	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: NEED 12 HOURS	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: NEED 11 HOURS	Pending Correction

Failed - Immunization Certificate, Child Checklist Comments: missing	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: missing	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: missing	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: missing	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: missing	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: missing	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: missing	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: missing	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: wrong form	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: missing	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: missing	Pending Correction
Failed - Electrical outlets covered, Classroom Checklist / Nursery Comments: missing	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / Toddlers Comments: baby air freshener	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / k-3 Comments: smart toy disinfected spray	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 ______03-26-26____________, 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.

Marie Linder — 03/12/26

Signature of Facility Representative — Date

KAMILA CROWELL — **____03-12-26____________________**

Signature of DHR Licensing Representative — Date

COPIES TO: _____director_____