

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: LITTLE SAINTS PLAYSCHOOL	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]        Family [ ] University [ ] Group [ ]	Date of Visit: 5/29/2026
Facility Address: 901 SOUTH MULBERRY, BUTLER, AL 36904, Choctaw	Licensee: CHOCTAW PRIVATE EDUCATIONAL FOUNDATION	Telephone #: (205) 459-3260
Ages: 6 Weeks to 6 Years	Director (if applicable): SAMANTHA JOHNSON ROBERTS	Capacity: 95        /    NA Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
Failed - Fire, Inspection Form Comments: missing	3/1/2026
Failed - Tornado, Inspection Form Comments: missing	3/1/2026
Failed - Lockdown, Inspection Form Comments: missing	3/2/2026
Failed - Relocation, Inspection Form Comments: missing	3/3/2026
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: holes on preschool playground	2/23/2026
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: light green little tikes boat sharp cracked edges	3/5/2026
Failed - Most recent fire inspection report within 5 years, Inspection Form Comments: expired	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	3/1/2026
Failed - Ongoing Training, Staff Checklist Comments: missing 19 hours	3/1/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	3/1/2026

Failed - Ongoing Training, Staff Checklist Comments: missing 12 hours	2/26/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	3/10/2026
Failed - Medical, Staff Checklist Comments: expired	3/10/2026
Failed - Ongoing Training, Staff Checklist Comments: missing 8 hours	2/10/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	3/1/2026
Failed - Medical, Staff Checklist Comments: expired	3/16/2026
Failed - Ongoing Training, Staff Checklist Comments: missing 8 hours	3/1/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	3/16/2026
Failed - Medical, Staff Checklist Comments: expired	3/12/2026
Failed - Ongoing Training, Staff Checklist Comments: missing 8 hours	3/12/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	3/12/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: missing	2/25/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	3/1/2026
Failed - Medical, Staff Checklist Comments: missing	3/12/2026
Failed - Ongoing Training, Staff Checklist Comments: missing 8 hours	3/12/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	3/12/2026
Failed - Ongoing Training, Staff Checklist Comments: missing 8 hours	3/1/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	3/1/2026
Failed - Medical, Staff Checklist Comments: expired	3/9/2026
Failed - Ongoing Training, Staff Checklist Comments: missing 8 hours	3/12/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	3/16/2026
Failed - Medical, Staff Checklist Comments: missing	3/1/2026
Failed - TB Test Date and Results, Staff Checklist Comments: missing	3/12/2026
Failed - Immunization Certificate, Staff Checklist Comments: missing	3/12/2026
Failed - Ongoing Training, Staff Checklist Comments: missing 8 hours	3/1/2026

Failed - Health and Safety Training, Staff Checklist Comments: missing	3/1/2026
Failed - Medication locked, Classroom Checklist / 2 year old Comments: Robitussin cough gels	2/25/2026
Failed - Diapering area, Classroom Checklist / Nursery Comments: diaper pad torn	2/25/2026
Failed - Furniture child size, clean, good condition, Classroom Checklist / toddlers Comments: paint peeling on walls and border	2/28/2026

**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 06/12/2026, 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.**

\_\_\_\_\_  
**Signature of Facility Representative**  
  
*LESLIE WILLIAMS*

\_\_\_\_\_  
Date  
  
**05/27/2026**

\_\_\_\_\_  
**Signature of DHR Licensing Representative**

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_ Samantha Roberts \_\_\_\_\_