

**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 <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 6/12/2026
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 <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Medical, Staff Checklist Comments: EXPIRED	4/2/2026
Failed - Ongoing Training, Staff Checklist Comments: NEED 12 HOURS	6/12/2026
Failed - Health and Safety Training, Staff Checklist Comments: NEED 11 HOURS	5/29/2026
Failed - Ongoing Training, Staff Checklist Comments: NEED 12 HOURS	6/12/2026
Failed - Health and Safety Training, Staff Checklist Comments: NEED 11 HOURS	5/29/2026
Failed - Ongoing Training, Staff Checklist Comments: NEED 12 HOURS	6/12/2026
Failed - Health and Safety Training, Staff Checklist Comments: NEED 11 HOURS	5/29/2026
Failed - Medical, Staff Checklist Comments: EXPIRED	4/2/2026
Failed - Ongoing Training, Staff Checklist Comments: NEED 12 HOURS	6/12/2026
Failed - Health and Safety Training, Staff Checklist Comments: NEED 11 HOURS	5/29/2026
Failed - Ongoing Training, Staff Checklist Comments: NEED 12 HOURS	6/12/2026
Failed - Health and Safety Training, Staff Checklist Comments: NEED 11 HOURS	5/29/2026

Failed - Immunization Certificate, Child Checklist Comments: missing	4/2/2026
Failed - Immunization Certificate, Child Checklist Comments: missing	4/2/2026
Failed - Immunization Certificate, Child Checklist Comments: missing	4/2/2026
Failed - Immunization Certificate, Child Checklist Comments: missing	4/2/2026
Failed - Immunization Certificate, Child Checklist Comments: missing	4/2/2026
Failed - Immunization Certificate, Child Checklist Comments: missing	4/2/2026
Failed - Immunization Certificate, Child Checklist Comments: missing	4/2/2026
Failed - Immunization Certificate, Child Checklist Comments: missing	4/2/2026
Failed - Immunization Certificate, Child Checklist Comments: missing	4/2/2026
Failed - Immunization Certificate, Child Checklist Comments: missing	4/2/2026
Failed - Preadmission Form, Child Checklist Comments: wrong form	4/2/2026
Failed - Immunization Certificate, Child Checklist Comments: missing	4/2/2026
Failed - Immunization Certificate, Child Checklist Comments: missing	4/2/2026
Failed - Electrical outlets covered, Classroom Checklist / Nursery Comments: missing	4/2/2026
Failed - Hazardous substances locked, Classroom Checklist / Toddlers Comments: baby air freshener	4/2/2026
Failed - Hazardous substances locked, Classroom Checklist / k-3 Comments: smart toy disinfected spray	4/2/2026

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 N/A , 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	6/12/2026
<i>Signature of Facility Representative</i>	Date
LESLIE WILLIAMS	06/12/2025
<i>Signature of DHR Licensing Representative</i>	Date

COPIES TO: Marie Linder