ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: TERRI'S LITTLE ONES	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 6/12/2026
Facility Address: 1032 B FOURTH AVENUE SE, DECATUR, AL 35601, Morgan	Licensee: TERRI WHITE	Telephone #: (256) 686-0916
Ages: 6 Weeks to 12 Years	Director (if applicable): TERRI WHITE	Capacity: 60 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary [InspectionSummaryDescription]	
DISCIPLINE APPROPRIATE, Allegation Comments: On April 2, 2026, per a video from March 24, 2026, two staff members taped two four-year-old children's hands to the wall for discipline.	6/25/2026
On April 2, 2026 there were five infants in cribs with no staff in the classroom., Ad Hoc Comments: NA	4/2/2026
On April 2, 2026 observed per video from March 24, 2026, a four-year-old child placed in a highchair for time out., Ad Hoc Comments: NA	4/2/2026
*The Fire Inspection Report dated 3/24/26 has violations., Ad Hoc Comments: NA	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 _____7/3/26_____, 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.

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Signature of Facility Representative Date

LEA RAE GAINES

_____ **_____6/25/26_____**

Signature of DHR Licensing Representative Date

COPIES TO: _____