

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: LITTLE HORNETS PLAYSKOOL	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> OST <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 6/26/2026
Facility Address: 6432 COUNTY ROAD 236, TOWN CREEK, AL 35672, Lawrence	Licensee: WHITTNEY DANIEL	Telephone #: (256) 685-1998
Ages: 6 Weeks to 12 Years	Director (if applicable): WHITTNEY DANIEL	Capacity: 22 / NA Day Night

**SECTION B - DEFICIENCY INFORMATION**

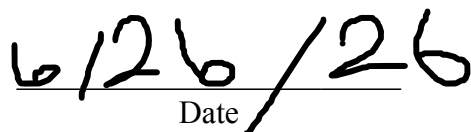
<b>Performance Standard Deficiency</b> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by</b> <b>Licensee</b>
<b>Deficiency Summary</b>	
Failed - *Digging or sand area, Inspection Form Comments: There is no digging area	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: page 2 not signed by parent/guardian	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 7/1/26 \_\_\_\_\_, 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.**

  
\_\_\_\_\_  
*Signature of Facility Representative*

LEA RAE GAINES

  
\_\_\_\_\_  
Date

6/26/26

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

\_\_\_\_\_  
Date

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