

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LITTLE SUNSHINE DAY & AFTER SCHOOL CARE	Type of Facility : Center [] Day [X] OST [] Night [] Family [X] University [] Group []	Date of Visit: 8/27/2026
Facility Address: 3601 JONQUIL DR, HUNTSVILLE, AL 35810, Madison	Licensee: TRICIA REID	Telephone #: (256) 945-5895
Ages: 2 Weeks to 10 Years	Director (if applicable): N/A	Capacity: 6 / 6 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Home free of apparent hazardous conditions, Inspection Form Comments: On 08/05/2026, there are household chemicals in the laundry area not locked up.	8/5/2026
Failed - Dangerous substances locked, Inspection Form Comments: on 8/5/2026, there is household paint in the dining area accessible to children.	8/27/2026
Failed - Record for licensee/household member, Inspection Form Comments: on, 08/05/2026, there is no child's medical and tb record on file for household member.	Pending Correction
Failed - Certificate of rabies vaccination, Inspection Form Comments: On 08/05/2026, there is no current rabies record for pets.	8/27/2026
Failed - Preadmission Form, Child Checklist Comments: On 08/05/2026, the pre-admission form is missing addresses	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: On 08/05/2026, there is no pre-admission form on file	8/27/2026

Failed - Preadmission Form, Child Checklist

Pending Correction

Comments: On 08/05/2026, the pre-admission form is missing addresses

Failed - Preadmission Form, Child Checklist

8/27/2026

Comments: On 08/05/2026, the pre-admission form is missing addresses

Failed - Immunization Certificate, Child Checklist

Pending Correction

Comments: On 08/05/2026, there is no current immunization on file.

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 9/10/2026, 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.

Tricia Reid

Signature of Facility Representative

08/27/26

Date

Rolanda Nelson

Signature of DHR Licensing Representative

08/27/2026

Date

COPIES TO: Tricia Reid