ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
LITTLE FEET CHRISTIAN PRESCHOOL LLC	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	8/28/2026
Facility Address: 2810 HIGHWAY 5 NORTH, JASPER, AL 35504, Walker	Licensee: SUSAN SANFORD	Telephone #: (205) 295-5535
Ages: 6 Weeks to 9 Years	Director (if applicable): SUSAN SANFORD	Capacity: 60 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form	6/25/2026
Comments: Bug spray and sunscreen	
Failed - 18 up to 2½ years 1 to 7, Inspection Form	Pending Correction
Comments: Dur to staff having the wrong suitability letter	
Failed - Medication returned to parent or disposed of when no longer needed, Inspection Form	8/1/2026
Comments: Medication present for a child no longer attending	
Failed - Medical, Staff Checklist	8/1/2026
Comments: Missing signature	
Failed - Ongoing Training, Staff Checklist	8/1/2026
Comments: Missing 3 hrs	
Failed - Ongoing Training, Staff Checklist	8/1/2026
Comments: Missing 1 hr	
Failed - Health and Safety Training, Staff Checklist	8/1/2026
Comments: Missing 11 areas	
Failed - Suitability Determination (Every 5 years), Staff Checklist	Pending Correction
Comments: Wrong form	
Failed - Medical, Staff Checklist	Pending Correction
Comments: Expired	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: Expired	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: Expired	

Failed - Health and Safety Training, Staff Checklist Comments: Missing Understanding Child Abuse and Neglect	8/1/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Wrong form	8/1/2026
Failed - Ongoing Training, Staff Checklist Comments: Expired	8/1/2026
Failed - Health and Safety Training, Staff Checklist Comments: Expired	8/1/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing 11 hrs	8/1/2026
Failed - Hazardous substances locked, Classroom Checklist / Infant Room Comments: Spic and Span cleaning spray and purse	6/25/2026
Failed - Medication locked, Classroom Checklist / Twos Comments: Sunscreen, lotion, and Desitin diaper cream	6/25/2026
Staff files are incomplete., 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 _____, 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.

Jamon Wells _____ 5/31/26 _____

Signature of Facility Representative Date

SHUNDR NEVELS

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____