

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LITTLE PEOPLE'S PATHWAY, INC.	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/2/2026
Facility Address: 104 20TH AVENUE, NW, BIRMINGHAM, AL 35215, Jefferson	Licensee: LITTLE PEOPLE'S PATHWAY, INC.	Telephone #: (205) 856-9734
Ages: 6 Weeks to 12 Years	Director (if applicable): ELIZABETH MCNEAL	Capacity: 27 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
There were no deficiencies noted during today's visit.	
Failed - 2 ½ years up to 4 years 1 to 11, Inspection Form Comments: On 7/30/26, the Preschool room was out of ratio due to staff person having an expired CA/N.	9/3/2026
Failed - Medical, Staff Checklist Comments: On 7/30/26, the staff person's medical was expired.	8/12/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: On 7/30/26, the staff person's CA/N was expired.	9/3/2026
Failed - Immunization Certificate, Child Checklist Comments: On 7/30/26, the child's immunization certificate was expired.	8/12/2026
Failed - Immunization Certificate, Child Checklist Comments: On 7/30/26, the child's immunization certificate was expired.	8/13/2026
Failed - Immunization Certificate, Child Checklist Comments: On 7/30/26, the child's immunization certificate was expired.	8/12/2026

Failed - Immunization Certificate, Child Checklist Comments: On 7/30/26, the child's immunization certificate was expired.	8/12/2026
Failed - Immunization Certificate, Child Checklist Comments: On 7/30/26, the child's immunization certificate was expired.	8/12/2026
Failed - Immunization Certificate, Child Checklist Comments: On 7/30/26, the child's immunization certificate was expired.	8/24/2026
Failed - Immunization Certificate, Child Checklist Comments: On 7/30/26, the child's immunization certificate was expired.	8/12/2026

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.

Elizabeth McNeal
Signature of Facility Representative

9/3/26
Date

AJOLA MCGHEE

Signature of DHR Licensing Representative

9/3/26
Date

COPIES TO: Center