

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

SECTION A- IDENTIFYING INFORMATION

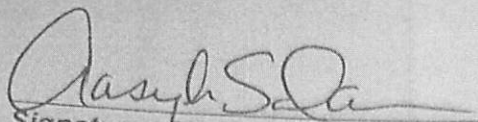
Facility Name: LITTLE FOOTPRINTS IN THE SAND CCC	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/5/2026
Facility Address: 6532 AARON ARONOV DRIVE, FAIRFIELD, AL 35064, Jefferson	Licensee: AASIYAH SALAAM	Telephone #: (205) 788-6111
Ages: 6 Weeks to 17 Years	Director (if applicable): AASIYAH L SALAAM	Capacity: 81 / 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	8/6/2026
Comments: tall weed and vines growing	
Failed - Sign in/sign out sheets, Inspection Form	8/5/2026
Comments: There are 40 children present, but only 19 are signed in	
Failed - Suitability Determination (Every 5 years), Staff Checklist	8/28/2026
Comments: Wrong suitability	
Failed - Preadmission Form, Child Checklist	8/5/2026
Comments: Missing signatures	
Failed - Preadmission Form, Child Checklist	8/5/2026
Comments: missing permission, signatures and dates	

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.


Signature of Facility Representative

SHUNDR NEVELS

Signature of DHR Licensing
Representative

9/8/2026

Date

Date

COPIES TO: _____