ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: TERESA'S LITTLE MUNCHKINS HOME DAYCARE	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [X]	Date of Visit: 9/9/2026
Facility Address: 4277 HWY 56, RUSSELLVILLE, AL 35654, Franklin	Licensee: TERESA SOUTH	Telephone #: (256) 332-0029
Ages: 3 Weeks to 12 Years	Director (if applicable): N/A	Capacity: 12 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Fire, Inspection Form Comments: On 8/11/2026, Provider unable to locate record of quarterly drill being conducted.	8/21/2026
Failed - Tornado, Inspection Form Comments: On 8/11/2026, Provide unabrle to locate record of quarterly drill being conducted.	8/21/2026
Failed - Lockdown, Inspection Form Comments: On 8/11/2026, Provider unable to locate record of quarterly drill being conducted.	8/21/2026
Failed - Relocation, Inspection Form Comments: On 8/11/2026, Provider unable to locate record of quarterly drill being conducted.	8/21/2026
Failed - Soft materials including pillows quilts comforters sheepskins bumper pads stuffed toys prohibited in sleeping environment, Inspection Form Comments: On 8/11/2026, there is a book and toy in child's sleeping environment.	8/11/2026

Failed - Daily schedule posted that includes 60 minutes of physical activity, Inspection Form Comments: On 8/11/2026, there is no daily schedule posted.	8/11/2026
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: On 8/11/2026, staff current trainings are not uploaded on Pathways registry.	9/9/2026
Failed - Preadmission Form, Child Checklist Comments: On 8/11/2026, signatures are missing on form.	9/9/2026

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.

Teresa South
Signature of Facility Representative

9-9-2026
Date

Rolanda Nelon
Signature of DHR Licensing Representative

09/09/2026
Date

COPIES TO: Teresa South