

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: SUGAR PLUM	Type of Facility : Center [] Day [X] OST [] Night [] Family [] University [] Group [X]	Date of Visit: 9/23/2026
Facility Address: 144 LEE ROAD 449, AUBURN, AL 36832, Lee	Licensee: MINNIE ALLEN	Telephone #: (334) 821-0963
Ages: 6 Weeks to 12 Years	Director (if applicable):	Capacity: 12 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Immunization Certificate, Child Checklist Comments: Immunization certificate has expired.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Immunization certificate has expired.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Immunization certificate has expired.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Incorrect immunization form	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Incorrect form	Pending Correction
On 09/23/2026, the day care was occupied with two workers who did not have the required documentations., 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 10/7/2026, 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.

____Minnie Allen____

Signature of Facility Representative

____09/23/2026____

Date

Natalie Sumrall

***Signature of DHR Licensing
Representative***

____09/23/2026____

Date

COPIES TO: _____ Licensee _____