

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: LITTLE PEACHES CHILDCARE & LEARNING CEN	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/24/2026
Facility Address: 808 LAY DAM ROAD, CLANTON, AL 35046, Chilton	Licensee: STEPHANIE JONES	Telephone #: (205) 415-4963
Ages: 6 Weeks to 6 Years	Director (if applicable): STEPHANIE JONES	Capacity: 60 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Fence or wall free of sharp edges, Inspection Form Comments: A board on the gate is broken and has sharp edges.	9/18/2026
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: All staff not listed in ALabama Pathways.	9/18/2026
Failed - Health and Safety Training, Staff Checklist Comments: In process	9/18/2026
Failed - Health and Safety Training, Staff Checklist Comments: In Process	9/18/2026
Failed - Ongoing Training, Staff Checklist Comments: in process	9/18/2026
Failed - Health and Safety Training, Staff Checklist Comments: In Process	9/18/2026
Failed - Health and Safety Training, Staff Checklist Comments: In process	9/18/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: In process	9/18/2026
Failed - Ongoing Training, Staff Checklist Comments: In process	9/18/2026
Failed - Hazardous substances locked, Classroom Checklist / Wobblers Comments: Cleaning spray	9/18/2026
Failed - Hazardous substances locked, Classroom Checklist /	9/18/2026

Threenagers
Comments: Staff purse

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 _____x_____, 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.

Kimberly Talmadge

Signature of Facility Representative

JESSICA VICE

Signature of DHR Licensing Representative

09/24/2026

Date

09/24/2026

Date

COPIES TO: _____ Center _____