

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LITTLE LAMBS	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/24/2026
Facility Address: 51 TURNER LINDSEY LANE, ROGERSVILLE, AL 35652, Lauderdale	Licensee: LITTLE LAMBS OF ROGERSVILLE UMC	Telephone #: (256) 412-3226
Ages: 6 Weeks to 12 Years	Director (if applicable): DESHAWN MOJICA	Capacity: 89 / 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	
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: On 8/21/26, some staff are missing the required documents and trainings uploaded in Pathways.	9/10/2026
Failed - Medical, Staff Checklist Comments: On 8/21/26, medical on in-correct form.	9/4/2026
Failed - Medical, Staff Checklist Comments: On 8/21/26, form is expired.	9/4/2026
Failed - Ongoing Training, Staff Checklist Comments: On 8/21/26, 7hrs are missing.	9/10/2026
Failed - Preadmission Form, Child Checklist Comments: On 8/21/26, form is incomplete due to signatures missing and complete addresses.	9/10/2026
Failed - Immunization Certificate, Child Checklist Comments: on 8/21/26, rOcord is expired.	9/4/2026

Failed - Preadmission Form, Child Checklist Comments: On 8/21/26, form is incomplete due to missing signatures .	9/4/2026
Failed - Immunization Certificate, Child Checklist Comments: On 8/21/26, record has expired.	9/4/2026
Failed - Immunization Certificate, Child Checklist Comments: On 8/21/26, there is no record.	9/24/2026
Failed - Immunization Certificate, Child Checklist Comments: On 8/21/26, there is no record.	9/4/2026
Failed - Immunization Certificate, Child Checklist Comments: On 8/21/26, there is no record.	9/4/2026
Failed - Preadmission Form, Child Checklist Comments: On 8/21/26, there are signatures missing on form.	9/4/2026

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.

DeShawn Mojica

Signature of Facility Representative

09/24/26

Date

Rolanda Nelson

Signature of DHR Licensing Representative

09/24/2026

Date

COPIES TO: DeShawn Mojica