

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: THE LITTLE LEARNING PLACE	Type of Facility : Center [] Day [X] OST [] Night [] Family [] University [] Group [X]	Date of Visit: 9/29/2026
Facility Address: 106 FAIRLANE DRIVE, EUFAULA, AL 36027, Barbour	Licensee: SHELIA DAVIS	Telephone #: (334) 687-3948
Ages: 0 Weeks to 12 Years	Director (if applicable):	Capacity: 12 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	<i>Shelia M. Davis</i>
Failed - Medical, Staff Checklist Comments: EXPIRED	Pending Correction
Failed - Application, Staff Checklist Comments: MISSING 3RD PAGE	Pending Correction
Failed - Application, Staff Checklist Comments: MISSING 3RD PAGE	Pending Correction
Failed - Medical, Staff Checklist Comments: EXPIRED	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: MISSING DOCUMENTATION	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: MISSING DOCUMENTATION	Pending Correction
Failed - Preadmission Form, Child Checklist	Pending Correction

Pending Correction

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 10/10/2026, 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.

Shelia M. Davis
Signature of Facility Representative

09/29/2026

Date _____

AMY HORN

Signature of DHR Licensing Representative

09/29/2026

Date _____

COPIES TO: LICENSEE