ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name LITTLE SUNSHINE DAY & AFTER SCHOOL CARE	Type of Facility: Home [ ] Day [X] OST [ ] Night [ ] Family [X] University [ ] Group [ ]	Date of Visit 10/6/2026
Facility Address 5601 JONQUIL DR, HUNTSVILLE, AL 35810, Madison	Licensee TRICIA REID	Telephone # (256) 429-0908
Ages 2 Weeks to 10 Years	Director (if applicable) N/A	Capacity 6 / 6 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency *HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Home free of apparent hazardous conditions, Inspection Form Comments: On 08/05/2026, there are household chemicals in the laundry area not locked up	8/5/2026 8/27/2026
Failed - Dangerous substances locked, Inspection Form Comments: on 8/5/2026, there is household paint in the dining area accessible to children	10/6/2026
Failed - Record for licensee/household member, Inspection Form Comments: on 08/05/2026, there is no child's medical and th record on file for household member	8/27/2026
Failed - Certificate of rabies vaccination, Inspection Form Comments: On 08/05/2026, there is no current rabies record for pets	9/15/2026
Failed - Preadmission Form, Child Checklist Comments: On 08/05/2026, the pre-admission form is missing addresses	

Failed - Preadmission Form, Child Checklist — 8/27/2026
Comments: On 08/05/2026, there is no pre-admission form on file

Failed - Preadmission Form, Child Checklist — 9/15/2026
Comments: On 08/05/2026, the pre-admission form is missing addresses

Failed - Preadmission Form, Child Checklist — 8/27/2026
Comments: On 08/05/2026, the pre-admission form is missing addresses

Failed - Immunization Certificate, Child Checklist — 10/6/2026
Comments: On 08/05/2026, there is no current immunization on file

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.

T Reid — 10/06/2026
Signature of Facility Representative — Date

Rolanda Nelson — 10/06/2026
Signature of DHR Licensing Representative — Date

COPIES TO: Tracia Reid