ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LITTLE TYKES DAYCARE	Type of Facility:Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 03/19/2025
Facility Address:< 103-C HIGHWAY 59, SUMMERDALE, AL 36567, Baldwin	Licensee: ELIZABETH YOHN	Telephone #: (251) 213-7460
Ages: 6 Weeks to 6 Years	Director (if applicable): ELIZABETH YOHN	Capacity: ~~NA~~ 54 NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency *HAZARDS MUST BE CORRECTED IMMEDIATELY**	Date Corrected by Licensee
Deficiency Summary One child record is incomplete. Failed - Immunization Certificate, Child Checklist Comments: expired	

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 4-29-25 **, 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.

Elizabeth Yohn — 4-15-2025
Signature of Facility Representative — Date

~~KAROLINE GIST~~ — 4-15-25
Signature of DHR Licensing Representative — Date

COPIES TO: Director