

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS
DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center ☒	Date of Visit:
CUTE GIGGLES CHILDCARE	Day ☒ OST ☐	06/10/2025
	Night ☐	
	Family ☐	
	University ☐	
	Group ☐	

Facility Address:	Licensee:	Telephone #:
1901 WOODLAND AVE SW,	ABRENICA ELICIA	(205) 862-4921
BIRMINGHAM, AL 35211, Jefferson	AMERSON	
Ages:	Director (if applicable):	Capacity:
6 Weeks to 13 Years	ABRENICA AMERSON	59 /NA
		Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency **Date Corrected by**
HAZARDS MUST BE CORRECTED IMMEDIATELY* Licensee

Deficiency Summary

There are no deficiencies noted or observed on today's visit. All 06/10/2025
Health and Safety met as of 6/10/25., Ad Hoc
Comments: NA

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.

Sigfridus Ledt 6/10/25
Signature of Facility Representative Date

Catressa Rozell

Catressa Rozell 6/10/25
Signature of DHR Licensing Representative Date

COPIES TO: _____