ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: TAUNYA'S TOTS	Type of Facility : Center [ ] Day [X] OST [ ] Night [X] Family [X] University [ ] Group [ ]	Date of Visit: 9/4/2025
Facility Address: 22 SKYLINE DRIVE, TUSCALOOSA, AL 35405, Tuscaloosa	Licensee: TAUNYA Martine THOMAS	Telephone #: (347) 933-9606
Ages: 6 Weeks to 12 Years/	Director (if applicable):	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 and grounds free of apparent hazards including abandoned automobiles unused appliances uncovered wells and cisterns stacked lumber with exposed nails explosives, Inspection Form Comments: broken pieces / shards of glass from double pane door is in the playground. Playground is restricted until cleared by Department Representative.	Pending Correction
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: required staff documents are not registered on Pathways	Pending Correction
Failed - Record for licensee/household member, Inspection Form Comments: Staff records in-complete	Pending Correction
Failed - Records for caregivers/substitutes, Inspection Form Comments: Staff records in-complete	Pending Correction
Failed - Children’s records complete, Inspection Form Comments: expired immunization records	Pending Correction

Failed - Ongoing Training, Staff Checklist Comments: expired	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: no record of trainings	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: no record of trainings	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Expired	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: no record	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 __09/18/2025_____, 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.

Taunya Thomas _____ 9/4/2025 _____

Signature of Facility Representative Date

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: ____Taunya Thomas_____.