

**ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT**

SECTION A- IDENTIFYING INFORMATION

Facility Name: GIGGLES & WIGGLES ACADEMY	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 9/9/2025
Facility Address: 7408 1ST AVENUE NORTH, BIRMINGHAM, AL 35206, Jefferson	Licensee: GW FAITH MINISTRY	Telephone #: (205) 836-6930
Ages: 1 Weeks to 15 Years/1 Weeks to 15 Years	Director (if applicable): MARA ALLEN	Capacity: 77 , 77 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Center free of apparent hazards, Inspection Form Comments: one stained ceiling	Pending Correction
Failed - Bio-contaminants shall be stored in a labeled container and disposed of properly, Inspection Form Comments: incomplete	Pending Correction
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: one active ant bed	9/9/2025
Failed - Changing area cleaned and disinfected, Inspection Form Comments: incomplete	Pending Correction
Failed - Each child's hands washed after diapering, Inspection Form Comments: incomplete	Pending Correction
Failed - Meals and snacks comply with requirements, Inspection Form Comments: No fruit/ vegetable during breakfast	Pending Correction
Failed - Drinking water without added sweeteners or carbonation readily available throughout the day, Inspection Form Comments: incomplete	Pending Correction
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: incomplete	Pending Correction
Failed - Medical, Staff Checklist Comments: incomplete	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 _____, 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.



Signature of Facility Representative



Date

Brandul Perine

Signature of DHR Licensing Representative

Date

COPIES TO: _____