

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: LAUGH & LEARN	Type of Facility : Center ☒ Day ☒ OST ☐ Night ☒ Family ☐ University ☐ Group ☐	Date of Visit: 9/10/2025
Facility Address: 1001 DARTMOUTH COURT REAR, BESSEMER, AL 35020, Jefferson	Licensee: SYLVIA SCOTT	Telephone #: (205) 436-2125
Ages: 3 Weeks to 14 Years/3 Weeks to 14 Years	Director (if applicable): SYLVIA SCOTT	Capacity: 44 , 44 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Some broken toys accessible to children: Broken chair, bucket, and foam noodles	10/10/2025
Failed - Preadmission Form, Child Checklist Comments: Missing signature and dates	10/10/2025
Failed - Preadmission Form, Child Checklist Comments: Missing dates	10/10/2025
Failed - Preadmission Form, Child Checklist Comments: Missing signature and date	10/10/2025
Failed - Diapering area, Classroom Checklist / Infant Comments: Diapering mat is torn with exposed foam.	10/10/2025
Failed - Hazardous substances locked, Classroom Checklist / Infant Comments: Cleaning supplies not under lock and key/ combination lock	9/10/2025

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

operate in compliance with Performance Standards

 Signature of Facility Representative

Shundr Nevels

Date _____

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