

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: HAPPYTIME DAYCARE & PRESCHOOL #2	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]        Family [ ] University [ ] Group [ ]	Date of Visit: 11/18/2025
Facility Address: 901 2ND AVE NE, CULLMAN, AL 35055, Cullman	Licensee: AMBER SANDLIN	Telephone #: (256) 841-5107
Ages: 3 Weeks to 12 Years	Director (if applicable): AMBER SANDLIN	Capacity: 48        /        NA Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
Failed - One handwashing sink with warm running water soap paper towels in each room where children are diapered, Inspection Form Comments: Sinks in 2 and 1/2 rooms do not work.	10/29/2025
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: All metal equipment has chipping paint on the preschool playground,	11/4/2025
Failed - Plastic-lined, covered container, Classroom Checklist / Toddlers Comments: no lid on garbage can.	10/29/2025
Failed - Sink, warm water, soap, paper towels, Classroom Checklist / Toddlers Comments: not working	10/30/2025

**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 NA, 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.**

Trunette R Lambert  
**Signature of Facility Representative**

11/19/25  
Date

JAIME BOWMAN

11/18/25

\_\_\_\_\_  
**Signature of DHR Licensing Representative**

\_\_\_\_\_  
Date

COPIES TO: Amber Sandlin