

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: TOTS N TODDLERS LEARNING CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 2/23/2026
Facility Address: 35 TORNADO ALLEY, PARRISH, AL 35580, Walker	Licensee: KIMBERLY SUE SMITH RICE	Telephone #: (205) 522-5123
Ages: 0 Weeks to 16 Years	Director (if applicable):	Capacity: 92 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
RATIOS MAINTAINED, Allegation	Pending Correction
Comments: Center did not notify the Department of an incident that occur on 10/30/2025 involving a child (10/20/2020) and a staff member within 24 hours and written report within Five days., Ad Hoc	2/23/2026
Comments: NA Per watching the video on 02/23/2026, a staff member restrained a child (10/20/20) on 10/30/2025, in gym on the floor for an undermined amount of time. The health, safety, and welfare of the child was at risk., Ad Hoc	2/27/2026
Comments: NA Upon arrival on 02/23/2026, the Toddler's Classroom was out of ratio during napping/resting 16 children to 1 staff., Ad Hoc	2/23/2026
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 _____, 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

SHUNDR NEVELS

Signature of DHR Licensing Representative

Date

COPIES TO: _____