

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: FUNTASTIC TOTS ACADEMY N	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 3/11/2026
Facility Address: 5680 Highway 43 N, Northport, AL 35473, Tuscaloosa	Licensee: FUNTASTIC TOTS ACADEMY N	Telephone #: (205) 650-2809
Ages: 6 Weeks to 12 Years	Director (if applicable):	Capacity: 62 NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary 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 <i>JA</i>
Failed - No screen time for children under 2 years of age, Inspection Form Comments: incomplete	Pending Correction <i>JA</i>
Failed - Foods that may cause choking prepared appropriately for the child, Inspection Form Comments: hot dogs	Pending Correction <i>JA</i>

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]

3-12-26

Signature of Facility Representative

Date

BRANDUL PERINE

**Signature of DHR Licensing
Representative**

Date

COPIES TO: _____