ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: TAUNYA'S TOTS	Type of Facility : Center [ ] Day [X] OST [ ] Night [X] Family [X] University [ ] Group [ ]	Date of Visit: 5/12/2026
Facility Address: 22 SKYLINE DRIVE, TUSCALOOSA, AL 35405, Tuscaloosa	Licensee: TAUNYA MARTINE THOMAS	Telephone #: (347) 933-9606
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable): NA	Capacity: 6 / 6 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Electrical outlets covered, Inspection Form Comments: There are six (6) outlets that are not covered.	4/2/2026
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: Provider & substitute are in Pathways individually but not correctly under Taunya's Tots.	4/23/2026
Failed - Each child signed in and signed out with a written signature or a biometric ID, Inspection Form Comments: Upon arrival, there was no Sign In/Out log.	4/2/2026
Failed - Children's records complete, Inspection Form Comments: One child in attendance had no records.	4/23/2026
Failed - Preadmission Form, Child Checklist	4/2/2026

Comments: After school child without a Pre-Admission Form.	
Failed - Preadmission Form, Child Checklist Comments: After school child has no Pre-Admission Form.	4/23/2026
Failed - Immunization Certificate, Child Checklist Comments: Missing Immunization Form	4/3/2026
On 4/23/2026, all of the children were not signed in., Ad Hoc Comments: NA	4/23/2026
On 5/12/2026, there was Windex spray, in children's play area, not under lock & key., Ad Hoc Comments: NA	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 5/26/2026, 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 — 5-12-26 Date

CYNTHIA BROWN

Signature of DHR Licensing Representative — 5/12/2026 Date

COPIES TO: Licensee