ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit:
TOTS N TODDLERS LEARNING CENTER		7/30/2026
Facility Address:	Licensee:	Telephone #:
35 TORNADO ALLEY, PARRISH, AL 35580, Walker	KIMBERLY SUE SMITH RICE	(205) 388-9878
Ages:	Director (if applicable):	Capacity:
0 Weeks to 16 Years	AMY MCCULLAR	92 Day , NA Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***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: Some of the facility staff members are not enrolled in Alabama Pathway's.	Pending Correction
Failed - Medical, Staff Checklist Comments: Signed and dated	Pending Correction
Failed - Medical, Staff Checklist Comments: Missing signature and date by the physician/ nurse	Pending Correction
Failed - Medical, Staff Checklist Comments: Missing	Pending Correction
Failed - Medical, Staff Checklist Comments: Missing signature and date	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Missing dates	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Missing signature and date	7/24/2026
Staff files are incomplete., Ad Hoc Comments: NA	Pending Correction
Upon arrival, in the Nursery, an infant (2 months) is covered with a blanket while sleeping in the crib. , Ad Hoc Comments: NA	Pending Correction
Upon arrival, The Nursery is out ratio due to one staff without initial Health and Safety trainings., Ad Hoc	Pending Correction

Comments: NA Upon arrival, The Preschool Class (4-5 yr old), two children were not signed. , 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 _____, 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.

_____ 7-30-26

Signature of Facility Representative Date

SHUNDR NEVELS

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____